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THE

JERSEY MEDICAL REPORTER.

THE

NEW JERSEY MEDICAL REPORTER.

THE

NEW JERSEY

MEDICAL REPORTER,

AND

TRANSACTIONS

OF THE

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Medical Reform, No. 3. *The Errors of Scientific Physicians.*

By JAMES H. STUART, A.M., M.D.

IN a former article I alluded somewhat cursorily to the discredit brought upon our profession by the gross ignorance of the many *unworthy* members of it. I now purpose briefly to enumerate wherein the few *worthy*, enlightened, and scientific physicians do greatly err, and wherein their conduct does greatly tend to a loss of confidence among the community in medical men. For the public should and *would* confide in us implicitly were we but true to ourselves. "The dignity of the profession," now, alas! so much ridiculed, is a reality—an actual *ens*—and time was, and not very "lang syne" either, when, to be a physician, was to be also necessarily a "gentleman and a scholar." His profession guarantied his respectability, and admitted him to the society of the learned and intelligent. Bulwer, in his "Lucretia," styles Dr. Mivers "a gentleman by education, manners, and *profession*." Can such a claim be laid now? But it should be, and perhaps, in Great Britain and the Continent, where their rules are more stringent than ours, still is. It is not, however, my purpose to write a homily on medical education. Assuming—for many great assumptions are permitted—that physicians are all educated gentlemen, let us examine a few of the points where they slightly diverge from the respect due to themselves. And, first: How few medical men assert and maintain that despotic authority in the sick chamber which is their due, and without which they can reasonably hope to accomplish nothing! In his own realm, the physician should be absolute—a very Emperor of Morocco. He *is* almost "the

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arbiter of life and death," and should see to it that this responsibility is properly discharged. And *can* it be discharged when his commands are neglected or disobeyed? Can he take credit for any improvement when his remedies have been omitted? when every friend who enters, has introduced a "new remedy?" when, perhaps, the moment his back is turned some quack drops in "as a friend," and reverses his plan of treatment? when even the nurse must needs suggest this, and that, on the plea that it will do no harm? (Of this last, a case occurred within my knowledge where a nurse, having administered a broth made of chicken, feather, entrails, head and all, claimed the credit of the recovery for her specific.) Can the physician maintain his self-respect when told by the patient to his face, "Oh, it's a trifle; I'll get well anyhow?" or "You don't think it a bad case, do you, doctor? I won't be so very particular?" Is it not almost enough to exhaust one's patience to come in the morning and find your patient much worse, while she smiles sweetly in your face and tells you "I felt so much better that I disobeyed your orders a little, and *did* dance four or five times, and waltz once or twice," when you had solemnly forbidden dancing at all? All this and much more is daily endured by the practising physician, yet no one has the moral courage to adopt the simple remedy. If physicians would at once and peremptorily abandon every case when so treated, they would soon produce a change in the aspect of affairs; true, at the expense of some good patients, who would resort to quackery for a time. But this very division would broaden the boundary between quackery and educated practice. People would discover under whose care their friends died, and with whom they recovered, and would joyfully return to their "dignified and cross old doctor." Why is it, but because they permit it, that *physicians* only must bear meddling interference? Lawyers and clergymen are never dictated to by laymen, simply because they would, and very properly too, resent it. Why does every man, woman, and child, feel competent to reverse the decisions of men who have grown gray in that profession, which the learned Blackstone* truly

* Blackstone's Commentaries, Introduction, sec. xiv., Chitty's ed.

cites as possessing, "*beyond all others*, the character of general and extensive knowledge," but that he feels well assured he will never be rebuked for his impertinence. How many physicians are rendered miserable by a sense of responsibility for deaths which really occurred from the grossest neglect of their directions? How would old Machaon, that

"Wise physician, skilled our wounds to heal,"

have stared, had he, when called to Menelaus, found Diomedes or Ulysses sagely endeavoring to dress the wound made by Pandarus' dart? How would old Abernethy, John Hunter, or Radcliff, have chafed at such interference? A high tone is the politic one. None but an able man *dare* be curt and short, and no one should dare to practice medicine without confidence in his own ability. Let the public fully understand that they are more dependent on the profession than the profession on them, and they will respect us as they should. Let them see one great man after another drop from the political or other public arena because of obstinate refusal to obey his duly-qualified medical adviser, and humility will take the place of the haughty aspect they now assume towards us.

Another serious cause of our losing public esteem is our willingness to take cases which have been previously under the treatment of quacks. The evil of this is inestimable. Not only does the physician almost inevitably suffer the disgrace in case of a fatal termination, but, if his skill surmounts all the injury which may have been done, the quack boldly asserts, and is generally believed, that the patient was recovering when the case was taken from him. We should "abstain from every *appearance* of evil." In no respect should we acknowledge even tacitly any nearer professional affinity with a quack than with one engaged in the most disgusting of human employments. One who deliberately makes money from the gullibility of mankind, who trades in the blood of his fellow creatures, who destroys life either actually or by preventing the use of means necessary to save it, is worse than the combination of blackleg, thief, and murderer. And not only is *he* worse, but so are all those who, for the sake of filthy lucre, spread wide his glaring lies to deceive

their fellow-men, and in their venal columns laud his disgusting nostrums to the skies. Yet will these pious editors make sanctimonious faces as they enter church, pray loud and long, disburse some of their blood-money into the plate, and go home, with consciences fully eased, to renew the work of murder during the week. Such men can I never pass without a shudder. No case should be taken when a quack has been previously in attendance. It is, though a harsh remedy, the only one. So long as people can act the fool for a season, and then, when they find themselves or their friends ready to die for their folly, call in skillful men to their aid, so long *will* they act the fool. The anxiety to be gulled, so inherent in human nature, will force them to do so. But let them fairly understand: "You *cannot* serve two masters;" "you *cannot* trust a knave and also have the assistance of an honest man;" "if you make *one* error, it is a final and a fatal one," and such folly will soon cease. This seems a cruel decision, but it is the most humane in the end. It would also be attended with temporary loss. It *has* been attended with loss to those who have had the integrity and manliness to pursue it; but let the rest of the brethren only support them in the right, and all will be well. Their loss will soon have become "great gain." The only mode of fairly distinguishing ourselves from the herd of ignorant "pathists," and other quacks, who have followed closely on our footsteps, is to take ground which they *cannot* assume; to place ourselves on an elevation they cannot reach. Let the public fairly distinguish wherein we *do* differ from them, and they will be at no loss to choose. At present, however, the quackery *in* the profession is nearly as great as that *out* of it, and the scientific man has to disconnect himself *de facto* from those who are *nominally* his brethren, and with whom he must maintain an intercourse, at least externally, courteous.

There is still a third point, in which, perhaps, quite as much as in either of the others, the dignity of the profession is compromised. I allude to the habit, so prevalent among physicians, of *arguing* with laymen against the various systems of quackery and imposture now so rife in the world. This is both undignified and useless. It only gives the one with whom they condescend to dispute a false idea of his own importance, without tending in

the slightest degree to convince him. How *can* an unprofessional person comprehend the arguments of one whose whole life has been spent in the study of medicine. The folly of most of the quack systems is, moreover, so palpably evident on their face that no one, whose reasoning faculties were in good case, could for a moment be deluded by them. Therefore, to reason with one who was so deluded would be little better than arguing with a monomaniac. The ingenuity such persons display is precisely equivalent to the cunning often witnessed in other madmen; and, perhaps, their whole ability consists in that "e'en though vanquished they could argue still." True, it may be said, physicians are frequently in conversation drawn into debate by such casual observations as—"Doctor, what do you think of — ?" naming some pet delusion of the speaker. Whereupon the Dr. gravely proceeds to tell *why* such delusion is absurd; to say that such "pathists" have *two* kinds of little pills—one containing the tremendously powerful vegetable alkaloids to use themselves, and one perfectly inert to amuse families. Or he may even go to the length (as your humble servant was once fool enough to do) of swallowing a whole bottle of said "family medicine" to prove its harmlessness. What is the consequence? The person is wonderfully exalted in her own estimation. Dr. —— has argued with her, and, *of course*, failed to convince her (for who even yet was convinced by argument either in theology, politics, or medicine?) Henceforth she will take little pills *usque ad nauseam* for the mere pleasure of testifying to their efficacy. But is it not humiliating to see a man whose nights have been spent in study, and his days in observation, whose head has grown honorably gray as his mind was stored with the rich lore of our "grand old masters," deliberately bearded in society by some gossiping old woman, or young puppy in his teens? Yet such is often witnessed. How easily could it be prevented by the quiet observation—"I never talk on medical subjects save with medical men." It is giving too great consequence to quackery to argue against it. Physicians scarce allude to such things among themselves. How truly ridiculous would it be to see a conclave of such men as Chapman, Jackson, Dunglison, Wood, Mütter, Mott, etc., etc., deliberating on the efficacy of

steam and capsicum, or the salutary effects of sugar-of-milk globules in violent inflammations!! Yet not more absurd than to witness these same men assailed in a parlor on the same topics, and compelled to reply. It is a piece of gross impudence to make allusion in social life to any man's profession, and physicians, as well as others, should resent it as such. When they enter the parlor, they are gentlemen and not professional men, and he who reminds them of their occupation is destitute of all breeding and courtesy, and deserves to be reprimanded for it even if with some roughness. All those low-lived jests upon our profession, so common in the community, should be frowned upon and banished to those for whom alone they are fitted. An educated medical man should not be supposed to know anything of quacks but what he gathers from the newspapers, as one is now and then detected in some roguery, and duly punished. We have nothing to say in reference to the kindred delusions of clairvoyance, Rochester knockings, etc., though it would be well if physicians quietly frowned down such things, without permitting them to disturb "the even tenor of their way." We should not be annoyed that so many *soi disant* "doctors" mix themselves up with them, for they "are not of us," and, therefore, cannot bring discredit upon us. If they ever had "part and lot," their mountebank charlatanry has outlawed them. Many more topics might be touched upon, but there would be risk of leaving the limits we have marked out for ourselves—of getting away from "educated and scientific" physicians, and straying among the illiterate and vulgar. One thing I cannot but urge again and again. The time for a great reform, or a total loss of professional respectability is nigh at hand. One or other alternative *must* be adopted! Oh, why will not medical men see the danger? Why will they not employ their pens and tongues, their hearts and hands? Scarce a *real* difference of opinion exists. All are conscious of the facts, yet a deadly apathy pervades our ranks. Pope says—

> "Truths would you teach, or save a sinking land,
> All fear, none aid you, and few understand."

But such is not the case here. *All* understand, and *many* will

aid. True, *some* fear, but what is there to fear? Let us unite. United we are invincible. Let us press forward in the glorious certainty that

"Truth crushed to earth *will* rise again."

ERIE, PA., *Sept.* 1851.

Remarks on Diarrhœa and Dysentery. By C. H. CLEAVELAND, M. D.

ALTHOUGH both the locality of the disease and the pathological condition of the parts affected are quite different in diarrhœa, from what they are in dysentery, and, therefore, the indications of *treatment* must be unlike, yet I do not deem them sufficiently so, as to demand that the *affinities* may not be considered in connection.

While, in diarrhœa, the entire intestinal canal may be involved more or less in the derangement from the commencement, and, in dysentery, the disease is at the first mainly confined to the descending colon and the rectum, it must be obvious to the least observant that it does never long remain thus localized, and the *secondary* complication of an irritation of the entire intestinal track is sure to follow if dysentery be not cut short in its earlier stages.

I am pleased to find that others are of the same opinion with myself in regard to the *non-inflammatory* condition of the bowels in dysentery *per se*, yet I do not understand the editor of the *N. J. Med. Reporter* to deny that inflammation may occur in connection with that disease; and his reasoning and illustration in the Sept. No. must convince any that all the phenomena may be manifested without being the product of that state. As his views accord very nearly with mine, and his method of treatment differs but slightly, I do not wish to take up further space except to note a few particulars in regard to my method of treating the diseases under consideration.

When called to a case of diarrhœa, I am led to *suspect* there

may be some crude matters or vitiated secretions in the stomach and bowels; and to remove them I usually resort to a cathartic of *Turkey rhubarb* at once, and, if convenient, aid its operation by a copious simple injection; and, if the case be one of dysentery, I do the same, or omit the rhubarb if the case be urgent, and cleanse the rectum and colon by the injection only. After cleansing out the intestines, I, of late, have resorted to the use of sulphate of morphia, sulphate of quinina, and tannic acid, either in powder, or in solution, combined in such proportions as the case demanded; and the same applied to the bowels, by means of an injection of *starch*, to which this had been added.

In using the injection, I have directed the patient to lie upon the *left* side, that the position might tend to aid it in its being retained; and I have also been *very* particular in insisting that the pelvis be elevated as high as it can be without distress.

Even from the first I direct a camphor mixture as follows: R. Aq. Camph. Oij; Acid Nitric gtts. xvi; Opii. Tinct. f℥ss. M. S.—One tablespoonful for an adult as often as the bowels move, or once in six hours until the patient is convalescent. This camphor mixture I take from Dr. Mackintosh's *Practice of Medicine*, who says that with it alone he can cure more diarrhœas and dysenteries than he can with the entire *armamentum medicinæ* besides.

I am not certain but the chloroform of Dr. Parrish's camphor mixture would be a valuable addition to this, and shall make a trial of it the first opportunity. I have usually found it necessary to order another cathartic, after three or four days, to remove the secretions of the stomach and bowels that were too high up to be reached by injections, and always direct spongings, sinapisms, and such other external applications as may be needed, but have never yet seen a case of uncomplicated dysentery or diarrhœa that to me seemed to demand depletion by the lancet or by leeches.

Perfect quiet of the intestines, if that could be obtained, together with a tonic, rather than a depressing course of medication, according to my experience, is far the best for derangements of the alimentary canal.

Waterbury, Vt., *Sept.* 1851.

Medical Properties of the Scullcap. By C. H. CLEAVELAND, M. D.

DR. PARRISH: I have received from Ariel Hunton, M. D., of Hyde Park, in this State, a communication in regard to *his* experience in the use of the *scutellaria laterifolia*, and as it embodies some observations that may be of use to the profession, I am led to offer it through the medium of the columns of the *Reporter*.

He writes: "I have been in the habitual use of this article some fifteen years. When I recommended the use of the blue side-flowered scullcap to my patients, I was in the habit of informing them, especially nervous females, that I had a *new* remedy, reputed to possess excellent and active *nervine* properties, which I wished them to use according to directions, to mark the effects, and to inform me if it did not prove to be far superior to valerian, foreign or *domestic*, (many in this vicinity have, of late, become accustomed to use the root of the cypripedium under the name of American valerian). After a trial, those who had used it informed me they considered it preferable as a nervine to anything they had previously used, for, after taking a cup of the infusion of this herb, they were insured a happy exemption from their former nervous pains.

"It is now nine years since I was called to a Miss C., in this vicinity, who was suffering from *convulsion of her limbs*. They would jerk for an hour at a time, with such force that the *jar* might be plainly felt on the floor of an adjoining room. I had never previously seen a case of this character, and it, of course, was one of uncommon interest to me. The paroxysms did not recur at stated periods, but there were as many as two in the twenty-four hours. The patient had already taken a variety of medicines previous to my seeing her, but without any apparent benefit. I ordered a pill of the extract of stramonium, of my own manufacture, of half the size of a kernel of wheat, once in six hours, and a strong infusion of scullcap, a large spoonful each hour. Under this course of treatment, the patient shortly re-

covered, and has since been entirely exempt from any difficulty of the kind.

"*Case second* was a Miss of about twelve years of age, afflicted with chorea. In this case I was called as counsel, and was requested to adopt and carry out any course I might prefer.

"As the *primæ viæ* had already been thoroughly cleansed by cathartics, the patient was at once put upon the use of the infusion of the scullcap, a large spoonful each hour, and a pill of the stramonium once in six hours, and, before the end of the second week, convalescence was fully established.

"*Case third* was also a young lady, of about fifteen years. I was called to see this patient in January, 1851. She was also suffering from chorea, and was continually in motion. In this case I adopted the same course of treatment as in the former, but the pills of the extract were used but a few days, while the infusion was continued longer and until recovery, which occurred after a short time. The father was of the opinion that the recovery was wholly attributable to the infusion of the scutellaria."

Dr. Hunton is of the opinion that the *S. galericulata* possesses medicinal properties similar, and of equal potency with the *S. laterifolia*, and would prefer to use it, as it is less disagreeable to the palate, but it is by no means as common in this vicinity, and we have both been accustomed to use the latter. He also considers the *scutellariæ* as one of our most valuable vegetable *tonics*.

WATERBURY, VT., *Sept.* 1851.

BIBLIOGRAPHICAL NOTICES.

Transactions of the Medical Society of the State of Pennsylvania, at its Annual Session, held in the city of Philadelphia, May 1851, vol. 1. Published by the Society.

We hail with pleasure the issue of the *Transactions of the Medical Society of the State of Pennsylvania.* We are glad to see the profession of our native State waking up to their own interests, and publishing the proceedings of their youthful organization. The work contains 128 pages, which are mainly devoted to reports from the different counties and districts occupied by members of the society, by which the reader is presented with an *exhibit* of the different local causes of disease that may be found in the topographical and geological peculiarities of different sections. The report from Berks is accompanied with a geological map of the county, the committee acting upon the theory that the classification of diseases, according to the different geological formations where they occur, is the most rational and natural. The most healthy district of the entire county is characterized by its slate deposit, the people residing within its limits being subject only to the single epidemic of dysentery, which is supposed to be most rife in very dry seasons, though intermittent fevers are *en*demic in several situations in the same section. Within the slate district, tuberculous disease of the lungs, calculous, and sabulous affections are scarcely known, and the mean duration of life, as taken from church records and tombstones, is 36.62 years.

The standard of health in the limestone regions is inferior to that on other geological formations. The cause of this is not attributed entirely to the peculiarities of the structure, to the calcareous matter contained in the water, or the exhalation from the decay of luxuriant vegetable growth; but the chief cause is

said to exist in the luxuriousness of living, and other indulgences resulting from a greater share of wealth among the people. Dysentery, according to the report, "never occurs epidemically on the limestone; and even sporadic cases are unfrequent," though various grades of remittent fever occur in the autumn, presenting sometimes the true *affection typhoide* of the French pathologists, while pulmonary consumption, scrofula, gravel, and calculus, are not uncommon. The average longevity on the limestone formation is 28.55. Fever of a remitting type is endemic on the primitive formation, and its liability to run into an asthenic state renders vigorous treatment inadmissible. Dysentery is the most common disease of this section; it often prevails epidemically, and frequently assumes a malignant form. The average longevity is 43.14. In the red sandstone deposit, fevers are rare, except where influences other than those common to this formation, concur to produce them. Along the river Schuylkill, fevers prevail in the autumn, while a mild form of dysentery is the most common disease in localities not affected by miasmata. Time and space would fail, were we to attempt a thorough analysis of this novel and interesting report, and, passing by others of equal interest, we call the attention of our readers to the following extract from the address of the President of the Society, Dr. Wilmer Worthington. After speaking of the medical profession as the instrumentality by which benefits and blessings innumerable, are conferred upon mankind, and urging all to cultivate the purest benevolence and kindness, and to be disarmed of all that is selfish and mercenary, he says:—

"Much as we may, however, esteem our profession for the number and magnitude of the blessings it is constantly shedding upon our race, no one, conversant with its history in this country, can pretend to deny that it contains evils which are a source of deep mortification to its better-informed members; and to mitigate or remove these evils has been a subject of ardent and almost constant solicitude for many years. It was under this hope of doing good service to our noble and benevolent occupation, and imparting richer blessings to mankind, that its present organization was commenced, and carried forward with such untiring fidelity; and which, if perfected, promises such signal and permanent benefit to all.

These evils are manifest to the most careless observer. They

stand out prominently before the public gaze; and, unless successful efforts are made to cleanse our ranks from the pollutions they engender and disseminate, our lofty and commanding position for science, usefulness, and benevolence will, in public estimation at least, be brought down to a level with the ignorant and presuming charlatan, who aims to deceive, and deceives only to exalt and enrich himself.

"Time would not permit me to dwell upon the various defects to which I allude with any degree of minuteness. Neither do I apprehend such a course would be profitable to my intelligent hearers. To mention, with the greatest brevity, some of the most prominent, will suffice; and, in doing so, I hope to be understood as making no personal allusion or local application. What I say is intended to be of a general character, and I trust they will be so considered by all who hear me.

"One of the most radical and serious errors into which our profession has fallen is a defective education, both *preliminary* and *medical*. With regard to the first of these evils, the fault belongs not exclusively to the teachers in our schools. It rests as much, if not more, with the private as the public instructor. If all who receive pupils under their care were sufficiently guarded upon this point, and would exact a high standard of moral as well as literary culture, we should not fill our schools with pupils, the half of whom never confer honor upon their calling nor bring credit to themselves. The American Medical Association has laid down a standard for a preliminary education. This standard, although very low, we have reason to believe is, in numberless instances, violated; and many come so far short of a suitable preparation for entering upon the study of medicine, that, when they become known as candidates for the honors of the profession, it excites a smile of derision, and the impression becomes general that any one can be a doctor. Now this sentiment, whether true or false, is accompanied with injurious results; and our course, in relation to this matter, should be so changed as to produce a different impression. Instead of its being thought an easy thing to acquire the duties of a physician, and that any mind, however undisciplined and ignorant it may be, can soon be transformed into an educated and successful practitioner, we should impress all with the truth upon this subject; and demonstrate, by raising the standard of our requirements, so that none shall be admitted to partake of our honors unless they are endowed with suitable qualifications to merit them.

"With the schools there are also faults. They make the honors of a degree too easy of attainment. And amidst this strife for pupils, some are, perhaps, led to select their *alma mater* from a belief that one is more lenient in their examinations than

another. If any of our colleges induce pupils to enter their halls under such impressions, they perpetrate a positive injury to the profession by giving encouragement to men to enter it who confer no honor either upon their occupation or the school from whence they emanate. It is to be hoped that few instances of this kind, if any, are to be found among us. Of one thing, however, we feel certain, that such an institution does not, nor can it ever, command the confidence of the medical profession. There exists a feeling of professional pride, which, we have much reason to believe, is constantly increasing, that incites to higher qualifications and not lower. The rivalry between schools, which is laudable and beneficial, ought to be, not to swell the list of graduates to the greatest extent, but to direct their energies with all possible fidelity, to improve the character of their alumni. The effort should be to educate them better—to impart a greater amount of knowledge—to make them learned and accomplished physicians; and one pupil, clothed with eminent qualifications, sent from a school, would give to it more real fame than a dozen unworthy and incompetent graduates.

"If all the schools in this country were under such regulations as required similar qualifications for graduation, we should find the standard of education might be raised without any serious obstacle. Doubtless this arrangement might diminish the number of schools as well as pupils. But would this event prove any detriment either to the profession or the public? Assuredly not. For nothing is more apparent than that both would be benefited by such a change as would improve the character of the profession and better serve the community with able and accomplished physicians."

EDITORIAL.

OUR FIFTH VOLUME.

Four years have now gone by since we wrote our introductory as an editor. At that time we declared our intention to spare no effort to make our journal useful and creditable. We entered upon the work with fear, lest we should find ourself incompetent

to meet its demands. We engaged in it without experience, relying upon the co-operation of our brethren, and the support of the State Society. To a considerable extent these have been furnished, and we, kept alive, somewhat improved in health, perhaps, and strengthened in constitution, up to this hour. Our hand is a little firmer now, than it was then, and we enter upon our fifth year with a new purpose, to press through the murky stream of charlatanism that rolls its noisome current over our soil, and threatens to overwhelm us with its tide of deception, even if we should sink and drown in the effort.

The *Reporter* has ever maintained, and ever will, while in our hands, that the most effectual way of elevating the character of the profession, is by cultivating intelligence and high moral worth within our own borders. We hope to see our good old State Society increase in influence, usefulness, and prosperity; and whatever will promote this end shall find a response in our heart, and a ready medium through the pages of this journal.

We invite our friends to resolve anew with us, to give a fresh impulse to the work. If the journal that has come to you for the last four years has done nothing to improve the character of the profession, we ask you to discontinue it. If it has, we claim your support. If it continues to do so, we claim your *influence* in its behalf with your professional friends and neighbors. It costs money, and more than the amount of subscription covers. We engaged in it without the expectation of pecuniary profit, and we do not expect it for the future, though we would be glad if the publisher could realize from the list of subscribers the full sum of his expenses. And here we ask—why do not the physicians of our own State write more, for this, and other periodicals? Our present issue does not contain a single communication from a Jerseyman, and yet we believe that the members of our profession, within the limits of this State, are not a whit behind those of any other, either in point of intelligence or experience. It is time we had shaken off our indolence and determined to place ourselves in a position that cannot be reached by those who are striving to degrade the profession, by sinking it to their own level. Already has the Legislature taken out of our statute-book, the characteristic mark by which legitimate medicine may

be distinguished from its counterfeit; and the only way to maintain our position is by cultivating true science, and improving our present stock of knowledge, which will lead to the discovery of new truth and greatly enhance our usefulness. To be a mere prescriber is not the only office of the medical practitioner; it is, indeed, the least part of his duty. His highest ambition should be to study closely the pathological conditions which are presented to him for treatment; to inquire into the causes, as well as the nature of disease, and to be constantly developing truth in all its progressive magnitude, and applying it to the relief of human suffering. We believe the surest antidote to quackery will be found in the highest elevation of medical and moral worth; and, as the editor of a medical journal, we shall advocate the doctrine that the best way of avoiding the infection which rises from the festering bog of ignorance, and shame, that surrounds us, is to keep out of its reach—to soar above it—to have a higher aim—to pursue a nobler purpose, than those who dwell about its borders. Then, will the people soon perceive the difference. The breach will be so wide that the most ignorant in the community can appreciate it. Now, it is sometimes difficult to draw the line. To promote this end, we call for contributions from medical men of New Jersey, that the people of New Jersey may know that we are determined to cultivate and improve the science of medicine, and to rebuke that levelling, degrading spirit that is rife in our midst, by which truth and science would be made the slaves of error, and their true dignity brought in bondage to the cupidity of a miserably indigent power.

VALERIANATE OF MORPHIA.

Below will be found a letter from our aged and venerable friend, Jno. Griscom, LL. D., on the use of the valerianate of morphia. His previous connection with medical men, and his former occupancy of the Chair of Chemistry in the New York College of Medicine, entitle his opinion to the highest respect. Now in the evening of life, although its shadows in some degree exclude him from the world, his lively interest in whatever will

contribute to the advancement of science has induced him to write the following.

We have used the valerianate of morphia quite frequently of late, and find it remarkably suited to some constitutions, in which other salts of morphia seem inadmissible. Where there exists the combination of acute nervous symptoms, with pain and loss of rest, without inflammatory action, this preparation is often more acceptable to the stomach than many others, not being followed by the distressing nausea which so frequently follows the use of anodynes. We esteem it an efficient agent in balancing the nervous system, and would like to know what may be the experience of others with regard to it. The dose is uncertain. Dr. Griscom thinks three-quarters of a grain a good average; probably he is right. In severe cases we have used a grain and a grain and a half with happy effects.

To Joseph Parrish, M. D.

DEAR FRIEND: In the course of my experience with the valerianate of morphia as an anodyne and restorative, I certainly have reason thus far to speak favorably of its efficiency. I have used it with no little pertinacity and regularity for about three months. The object has been to bring relief to a system very much worn down by chronic bronchitis, attended with a harassing cough, frequently with a distressing dyspnœa, and great nervous excitability. These have latterly so banished sleep and comfort as to induce the recommendation on thy part of the use of this new combination of morphia. The first dose was given me about nine P. M., after, at least, three days and nights of a state of restless excitement, which banished sleep and kept me in almost constant pain. The pain was fugitive, and rheumatic, depriving me of rest in any position in which I could be placed. In about twenty minutes after taking the grain, I felt that I was settling into an easy, quiet, and profound sleep. My attendant found me in this state several times in the night. The next morning, and during the next day I was sufficiently wakeful to take my food, enjoy some conversation, and to admire, with my family, the striking contrast between that and the preceding day.

Without any additional medicine, my sleep was undisturbed and my system free from pain, as nearly as I can recollect, for about two weeks, without any material diminution of ease and comfort. After that time, the nervous excitement began to be gradually renewed. I was advised again to resort to the valerianate. I began with very modified doses, until I found one-third of a grain was sufficient to keep me quiet all night. I have thus continued to take it about three months, seldom, if ever, taking a dose exceeding three-fourths of a grain on going to bed. During the last few days I have found that a teaspoonful of Hoffman's Anodyne, united with the valeriante on going to bed, appears evidently to promote the agreeable operation of the compound medicine.

This new salt of morphia I cannot but hope, will furnish a useful addition to that remarkable substance derived from the juice of the poppy.

Thine most truly,

JOHN GRISCOM.

THE EXEMPTION LAW.

We received a letter, a few days since, from a professional friend, calling our attention to the exemption law passed by the last Legislature of this State, and complaining of its provisions as being calculated, in their practical operation, to degrade the physician, by withholding from him, privileges which are extended to all other classes of the community. We confess ourselves ignorant of the true interpretation of this act—that is, we are not satisfied that the popular meaning attached to it, is the true meaning. It is generally understood, however, so far as we can learn, that no legal power can compel a person to pay his debts who does not hold more than two hundred dollars worth of personal property; or, in other words, that an individual may be in possession of a large real estate, worth its thousands, and yet, if his personal effects do not exceed in value the sum named above, he is in law freed from every obligation to meet the just claims of confiding creditors. If this be true, while the storekeeper may refuse to supply his goods without the cash, or its equivalent, and the landlord may demand pre-payment of his rent, and the mechanic seek sure protection under the "lien law," the physician is obliged to spend weary days and nights of service without the hope of compensation. Where the ability to pay does not exist, the true physician is prompt to obey the calls of humanity; but where a slavish cupidity holds the purse-strings, and the ability is possessed, without the will to compensate, we agree with our correspondent when he says that "some modification of this act is most earnestly demanded;" not that we may oppress the poor, or refuse aid to the suffering, but that just demands may be made for services, rendered under circumstances where such demands are admissible, in conformity with the law of kindness and charity. There are some people who look upon the services of a physician as mere acts of neighborly attention in the hour of distress; there is no exchange of commodity for the consideration demanded of them.

"Commodities are movables, valuable by money, the common measure."

We advise, soothe, comfort, encourage, and *sometimes cure;*

these are mental and moral qualities; they do not pertain to the business of life, ~~say~~ such. Business men, bargain and sell; and, it may be, take a legitimate business advantage, and it would be dishonest not to exchange the goods for an acknowledged equivalent. But how is it with physicians? They must be their own clerks, and bookkeepers, their own collectors; sometimes their own constables, justices, and lawyers; and, at last, having made their records, and kept their books by the midnight lamp, issued their claims, and striven to collect them, are driven back to repose as quietly as they can upon the thought that the profession of medicine is so nearly allied to a benevolent calling, that the idea of moneyed compensation for medical services does not seem to be appreciated by many, who refuse pay when it is demanded. But we would not rob the profession of its philanthropic character. Its dignity is found in its acts of kindness and love. And while we have always believed that legal restraints were not to be relied upon as the means of securing compensation, still we repudiate the idea that the benevolent feature of the profession should be taken advantage of, as an excuse for non-payment. When people learn to regard the *opinions* and *services* of physicians as the *value received*, they will be willing to pay for them; but now, many consider that the demand made upon them, is for visits, and the time and trouble expended in accomplishing them; and hence their worth is graduated by the worth of time to others, and the trouble is thought to be light in comparison with that experienced in the exercise of physical labor. It behooves the profession to maintain their true position, and, maintaining it, they will eventually overcome the prejudice and ignorance by which their energies are now enfeebled.

A WORD WITH SUBSCRIBERS.

We hope it will not be forgotten that the terms of subscription for the *Reporter* are two dollars *in advance*, and as the present number is the first of a new volume, the publisher is prepared to receive remittances, for which receipts will be returned in the next ensuing number. Should any of our friends forget or neg-

lect to forward the amount, they will be reminded of it by a bill accompanying the issue for November. A *few* have not paid for the last volume; they have received the worth of their money, and it is but just that the publisher should be paid for furnishing it. *A word to the wise is sufficient.*

EDITOR'S TABLE.

The Dental Times and Advertiser is the title of a new dental publication in Baltimore, edited by Alfred A. Blandy, M. D., D. D. S., junior editor of the well-known *American Journal of Dental Science.* The *Times* will be issued in the interim between the quarterly issues of the *American Journal of Dental Science,* and is intended to meet the wishes of those who have desired to have the latter journal changed to a monthly. The first number of the *Times* gives promise of ability and usefulness. Terms—one dollar a year in advance; forty-eight pages quarterly.

The New York Register of Medicine and Pharmacy having completed its first year, comes to us with its valedictory, having, like many others, found that more "honor" than "emolument" is connected with the publication of medical periodicals.

It is announced that a new semi-monthly journal, to be called the *Medical Times,* will appear in New York about the first of October.

The Transylvania Medical Journal now comes to us semi-monthly at $1 00 per annum. It is edited by E. L. Dudley, M. D.; H. M. Bullitt, M. D.; and B. I. Raphael, M. D.

The New Hampshire Journal of Medicine, edited by E. H. Parker, A. M., M. D., and published at Concord, N. H. We have received the first number of vol. 2 of the above journal, and have drawn from its pages for the present number of the *Reporter.* It seems to be a well-conducted journal, and ought to be well supported, especially by our New England friends. We hope to receive it regularly in exchange. *

ECLECTIC AND SUMMARY DEPARTMENT.

The Supernatural in Medicine, being Extracts from an Introductory Lecture before the Medical Class of Dartmouth College, delivered August 7th, 1851. By EDWARD E. PHELPS, A. M., M. D., Professor of Theory and Practice of Physic and Pathological Anatomy.—Space is not allowed in our journal for a great deal of this interesting lecture, but we give below the latter portion of it, prefacing it with a short abstract of the author's premises. One general principle is asserted as expressive of its prominent feature, to wit: *Whatever is mysterious, or partakes in the least of the supernatural, forms no part of scientific medicine.* It is assumed that nature is fixed and unchanging in her laws, and that the morbid phenomena presented to us in disease are truly natural phenomena; and that to admit them otherwise, and acknowledge disease to be something marvelous or unnatural, is to feed the popular notion that a supernatural agency is necessary to produce morbid appearances, which seems to call for the interposition of a mysterious power in order to counteract them, in which idea exists the foundation of empiricism. The general belief in the supernatural—the common love for the mysterious—vie with true medical science, which is purely natural in its origin and its resources, and never seeks to go beyond them. Hear the author:—

"But there is yet another class that is peculiarly interesting to our profession; it is those who believe that disease is entirely supernatural; that it has an existence of itself; that existing at one moment in space, it lights in the next upon some poor mortal, and straightway the man hath colic, or fever, or rheumatism, or cholera, or some other grievous ailment. Anon the physician comes and introduces some wonderful drug and drives off the disease in the same way as you would smoke a woodchuck out of his hole in the earth. The whole system of medicine, in their view, is a contest between supernatural and natural agencies. The question is to find some natural agent, some gum, or salt, or resin, or something else, which is noxious to the supernatural agency that has taken possession of the body. Indeed, this faith in the supernatural goes still farther, and endues even natural bodies with a supernatural mode of action. It attributes to medicinal sub-

stances a mode of action not depending solely upon their elementary composition, and not resulting from natural changes which those substances undergo when brought into contact with living bodies, but a mode of action similar to the agency of evil or good spirits—a species of volition in the natural bodies that are used as remedies. Colchicum cures rheumatism by virtue of certain incomprehensible powers, or rather, because it wills not to have rheumatism reside in the same body with it. This, although it may seem to be an exaggerated view of the unnatural, or supernatural faith in regard to disease and medicine, is by no means untrue. I have only stripped it of ambiguity and reduced it to simple terms.

"I will give one instance, which will be conclusive to every mind that has received even the faintest philosophical view of medicine. It is the healing of wounds. Take a simple incised wound which has been left unclosed by art; see the changes that take place. Blood issues for a little time, and then coagulates and stops flowing. In a few hours this clot is detached by the little granulations that spring up over the whole surface of the wound; these are tender and extremely delicate, and are immediately protected by a purulent formation, which is, in reality, a natural dressing. The granulations increase, and, at length, fill the cavity of the wound; the purulent matter now dries into a scab, and, when this falls, we find the skin sound.

"Now all these changes occur without the intervention of art. There are inherent powers in all living bodies, which enable lost parts to be restored by means that are naturally provided. A regular series of changes takes place, one step following the other in a fixed order, unchangeably the same.

"A large proportion of the community suppose that a wound requires some healing salve to be applied to heal it, and will not be content until some application has been made for that purpose. And how many recipes have been contrived to heal wounds, when, after all, nature herself heals wounds; and did she not, all the united wisdom of earth could never do even the slightest thing towards it.

"Art may do much to assist nature; it may approximate the edges of a wound so that the cavity may be much less, and where the position of things is so favorable that the wounded surfaces may be brought in contact, a much shorter process will be adopted by nature. Every one has noticed that wounds upon animals heal well although no unguents are applied, and we may instance a still stronger case in the healing of wounds in plants.

"To my own mind, nothing can more beautifully illustrate the healing powers of nature than the closing of a wound by granulation; and I never see a cicatrix without feeling how perfectly useless would be the art of medicine if the physician was not aided by the sovereign power of nature.

* * * * *

"There is, perhaps, great misapprehension even amongst the learned on the subject of natural laws. They are looked upon with too little faith, and hence in all their learnings of nature they remain very ignorant. They suppose oftentimes the cause of a phenomena is to be searched for, and, when found, will explain everything, so that no more questions can be asked about it. They see the heart contract, and ask what makes it contract. We say that the contractions arise from an inherent excitability which responds to the action of various stimulants, most of which we can enumerate; but this is no answer to them. What is excitability is the next question. We answer that it is the property which living bodies have of responding to the impressions of excitants. This, they will say, is no answer, nor would they deem themselves answered until you had told them how it was caused, just as plainly as how the shell rises in the air from the mortar, upon the firing of the powder. This they fully understand;

it is very intelligible to them that a ball should be propelled with very great velocity from a cannon by the explosion of the gunpowder.

"But now in turn interrogate those same persons as to the phenomenon which is so very easily understood. Ask them what makes the ball rush forth when the powder is set on fire. One will say, that it is the nature of powder to make balls go with great velocity; another will reply, that it is the powder burning; another, that it is the powder expanding by heat; while a fourth, more intelligent than the others, may say that powder when ignited develops gases that occupy a great deal more room than the chamber of the gun, and hence rush from their confinement with great velocity, carrying the ball before them. Surely this last is a good answer, but what if we ask why powder when ignited should develop gas, when sand under the same circumstances would not. It perhaps would be answered, that it is an inherent property of powder to change from the solid to the gaseous state, upon the application of heat; an answer precisely the same as the physiologist gave on the subject of excitability. In one case the person was willing to accept of a cause which was merely one of the series of changes that took place, and that for the reason that it was a familiar thing, and because it was familiar, it seemed perfectly comprehensible, when in reality he knew as little of it as of anything else.

"We see a good illustration of this same deception in medicine. We are asked what ails the person who is sick, and we may give for an answer, a statement of the pathological condition, and yet we shall not satisfy the inquirer, the persons oftentimes telling us that they know now just as well as they did before. But if we had told them it was fever, they would have felt that they understood the whole matter, although they could not have answered a single question as to what fever is. You will see then that really the causes that are assigned as sufficient to produce natural phenomena, by the class of which we have been speaking, are as often as any way, satisfactory only because of their being familiar events which they think they understand.

"Having now to some extent illustrated the terms mysticism and supernatural, and shown their true relation to nature—let us return to our proposition, that whatever is mysterious, or partakes in the least of the supernatural, forms no part of scientific medicine. Nothing in nature is mysterious—nothing in nature is supernatural, with the one exception made. Medicine is founded entirely upon nature. It is, or should be, a study of nature as she shows herself in the phenomena of living bodies, both in a healthy and in an unhealthy state. The method of study is the same as that used in all the other departments of natural science. We must observe accurately the phenomena. We must carefully note all the changes that occur, and ascertain with certainty the exact order in which those changes follow. The concurrent circumstances which at first sight may seem to us to have nothing to do with the main series of changes, must all be noted. After a time, when observations have been sufficiently extended, we may deduce a law more or less general, which law will never tell how phenomena were produced, in any other way than to give the order of events, and the attending and necessary concomitant circumstances. From this accumulation of phenomena and laws, we shall eventually learn what circumstances are essential to the production of the phenomena, and then be able to predict what events will occur when certain appearances are noticed. Erroneous views of nature lead inevitably to wrong methods of study, and if medicine be truly a branch of natural science, it becomes highly important that the physician should have right views of nature.

"Too often, unfortunately, this is not the case. Mysticism and an erroneous belief in the supernatural prevail to a very great extent, and lead us to study our science by a very false method.

"Allow me to suggest to you, gentlemen, that you give this matter due consideration, and now while your habits of thought are not fully formed, bring them into the right shape. An intelligent faith in nature must be your guide. Study nature in all her varied forms. Nature alone is the true expounder of nature. She alone explains herself. Place but facts in natural history side by side, and reason will quickly make one tell what the other means. I would ask any one of you who supposes that natural history is only a collateral or accessory branch of medicine, or what is worse still, supposes that it is of no importance to the physician, to disabuse himself at once of such an idea. I say again as I have often said from this place, if there is one of you who sees nothing in natural history but a catalogue of names, and an unmeaning collection of fanciful terms, suiting only those who are moon-stricken with the love of collecting and arranging plants, or minerals, or bugs, or other objects of natural history—I say, if there are any such here, let him turn away—he has mistaken his calling—he can never become a physician whose whole office and mission is, to study and interpret nature.

"If, too, there is in those before me one in whom the mischievous root of mysticism lies buried, let me advise him to dig it up; he can never see the beauty of nature, nor can he ever hear the everlasting song of truth that comes up from every living and inanimate body that Almighty Wisdom has made. Little thanks does humanity owe to the mystic who with an unhallowed hand has taken upon himself to cheat nature, and who thinks by his art and cunning to overreach those laws that he never even for a moment understood. And lastly, if there sits under the sound of my voice any one who supposes that nature in her majestic humility and simplicity is not equal to the task assigned her by the Almighty, but needs the assistance of man, to carry forward successfully her operations, let me entreat him to stop in his sacrilegious attempt to teach nature.

"If, on the other hand, there are those here who, with reverential yet child-like docility, are willing to open the book of nature, and read therein the plain story of chaos reduced to order—of vegetable forms with powers superadded to unorganized matter—of animals towering in extended gradation above plants, and with still higher powers superadded to those of vegetable creation—of phenomena ever varying in the time and place of their production, yet always the result of unchangeable laws—and lastly, who is willing to see in all this the true relations of man to nature, and nature to Deity, let him come with us and observe nature, and seek from such teachings to assist her in the relief of disease."—*N. H. Journal of Medicine.*

The Clerical Profession v. *Quackery.*—We clip the following from an account, in the *New York Observer*, of a semi-centennial celebration in Brookfield, Mass., on occasion of the fiftieth anniversary of the settlement of the venerable Dr. Snell, as pastor of a church in that town. We believe that the sentiments of Dr. Snell are those of the clerical profession generally. In the course of a few remarks on how permanency in the pastoral office may be secured, Dr. Snell says, in conclusion: "One other thing I must not suppress; I would patronize regular-bred physicians—men of good character and well acquainted with their profession. It is perfectly preposterous to suppose that those who never made the human system and diseases and medicine their study, should better know what ails the patient and what treatment his case, under all circumstances, requires, than observation and practice. Health and life are too valuable to be sacrificed on the shrine of ignorance. I would have no fellowship with ultraism, humbuggery, quackery, mesmerism, and mysterious knockings—all of a sort—the plague of wise men and the idols of fools."

"*Medical Faculty Society.*"—The *Literary World*, in a review of *College Words and Customs*, a recent publication, says:—

"Among the most amusing pages are those devoted to an account of the 'Medical Faculty Society' of Harvard, which commenced its funny existence in 1818, and terminated in 1834. Distinguished persons very frequently—much to their surprise—received advices of honorary membership. A triennial catalogue, in very porcine Latin, was issued in imitation of the Triennial of the college, and in it persons who had acquired some ridiculous notoriety frequently found themselves suddenly immortalized, and placed in very queer company. Among those upon whom honorary degrees were conferred, we find Christophe, of Hayti, William Cobbett, John C. Symmes, Alexander the First, of Russia—who was so completely deceived by the appearance of the sheepskin, that he forwarded a valuable present to the society—Andrew Jackson, Pop Emmons, Day and Martin, Sam Patch, Chang and Eng, Martin Van Buren, the Sea Serpent, Captain Hall, Mrs. Trollope, and the Rev. Isaac Fiddler; rather a heterogeneous collection. Thus reads a portion of the record:—

"'ANDREW JACKSON.—Major-General in bello ultimo Americano, et *Nov. Orleans Heros* fatissimus; et ergo nunc Præsedis Rerumpub. Fœd. numeris *candidatus* et "Old Hickory," M. D., et M. U. D., 1827. Med. Fac. honorarius, et 1829, Præse Rerumpub. Fœd. et LL. D., 1833.

"'GULLIELMUS EMMONS.—Prænominatus Pickleius, qui orator eloquentissimus nostræ ætatis; poma nuces, *panem-zin-zigeriberis* suas orationes, "*Eggpoque*" vendit, D. M. Med. Fac. honorarius.

"'SAMVEL PATCH.—Socies multum deploratus, qui multa experimenta de gravitate et "facilis descensus." Suo corpore fecit; qui gradum M. D. *per saltem* consecutus est. Med. Fac. honorarius.

"'MARTIN VAN BUREN, *Armig.*—Civitatis Scriba Reipub. Fœd. apud Aul. Brit. Legat. Extraord. Sibi Constitus. Reip. Nov. Ebor. Gub. "Don Whiskerandos;" "Little Dutchman;" atque "Great Rejected." Nunc (1832) Rerumpub. Fœd. Vice-Præse, et "Kitchen Cabinet" Moderator. M. D. Med. Fac. honorarius.

"'MAGNUS SERPENS MARIS.—Suppositus, aut porpoises aut horse-mackerel, grex; "very like a whale" (Shak); M. D. et peculiariter M. U. D. Med. Fac. honorarius.

"CAPT. BASIL HALL, TABITHA TROLLOPE, atque ISAACUS FIDDLER REVERENDUS.—Semi-pay centurio, famelica transfuga. et semicoctus gramaticaster, qui scriptitant solum ut prandere possint. Tres in uno Mard. Mornch. Prof. M. D., M. U. D. et Med. Fac. honorari*um*.'"

Complaints to the Faculty of Harvard, from some of the parties so distinguished, at last resulted in the breaking up of the society.

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Sea-Sickness.—At the late meeting of the British Association, a paper was read by Mr. J. ATKINSON "On Sea-Sickness, and a New Remedy for its Prevention," from which we make the following extract:—

"Let a person on shipboard, when the vessel is bounding over the waves, seat himself, and take hold of a tumbler nearly filled with water or other liquid, and, at the same time, make an effort to prevent the liquid from running over by keeping the mouth of the glass horizontal, or nearly so. When doing this, from the motion of the vessel, his hand and arm will seem to be drawn into different positions, as if the glass were attracted by a powerful magnet. Continuing his efforts to keep the mouth of the glass horizontal, let him *allow* his hand, arm, and body to go through the various movements—as those observed in sawing, planing, pumping, throwing a quoit, &c.—which they will be impelled, without fatigue, almost irresistibly to perform, and he will find that this has the effect of preventing the giddiness and nausea that the rolling and tossing of the vessel have a tendency

to produce in inexperienced voyagers. If the person is suffering from sickness at the commencement of his experiment, as soon as he grasps the glass of liquid in his hand, and suffers his arm to take its course and go through the movements alluded to, he feels as if he were performing them of his own free will, and the nausea abates immediately, and very soon ceases entirely, and does not return so long as he suffers his arm and body to assume the postures into which they *seem* to be drawn. Should he, however, resist the free course of his hand, he instantly feels a thrill of pain of a peculiarly stunning kind shoot through his head, and experiences a sense of dizziness and returning nausea. From this last circumstance, the author of the paper infers it as probable that the stomach is primarily affected through the cerebral mass rather than through a disturbance of the thoracic and abdominal viscera; and he is of opinion that the method of preventing sea-sickness just described (which he has found by experience to be effectual) depends on the curious fact that the involuntary motion communicated to the body by the rolling and tossing of the vessel are, by the means he adopts, apparently converted into voluntary motion."

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Medical Society of Virginia.—This society meets monthly, and, at the close of each meeting, a subject is proposed for discussion at the next. We like this plan, as every one has the opportunity to come prepared to give his experience and views after deliberate thought and reflection, on the question before the society. We like the plan, too, of having the proceedings of each meeting *published* in the medical journal of the State.

The medical profession of Virginia have a good representative in the *Stethoscope, or Virginia Medical Gazette*, which, on account of its excellence, demands their cordial support. In the September number of that journal we find the Report of the August Meeting of the Medical Society of Virginia. The question for discussion was *Uterine Displacements*. Dr. G. A. Wilson read a paper *Containing a few Practical Hints on Prolapsus Uteri*, in which he advanced ideas adverse to the use of the pessary, and recommending, in lieu of it, that the patient be put upon a tonic course of treatment. Dr. W. places great reliance on change of air, scenery, &c., in this complaint. His experience has led him to the following conclusions:—

"1st. That pessaries should never be used where any hope is entertained of a radical cure of the disease, but confined to cases hopelessly incurable, and to be worn through life.

"2d. The great indication of cure consists in the skillful selection of such agents, and adoption and observance of such hygienic rules as will impart tone and vigor to the general system.

"3d. Injections of simple cold water have more efficacy in imparting healthy tonicity to the tissues than the whole batch of astringents and

stimulants, the use of the latter being only indicated by a diseased state of the mucous membrane and its secreting accessories.

"4th. Bandages, though scoffed at by high authority, when so constructed as to give support, especially to the perineum and external genitals, greatly promote comfort in the process of treatment."

Another paper, containing substantially the same views, was read by Dr. John P. Little, after which an animated discussion arose as to the utility of the pessary. It was denounced by some of the members as an "abominable instrument," while others testified to its utility in their hands. It is fair to presume that the pessary has been useful or otherwise according to the degree of skill with which it has been applied.

There seems to have been considerable feeling among the members on account of the large number of Virginia ladies who resort to Philadelphia to be treated for uterine complaints.

We will conclude this notice by quoting from the *Stethoscope* the experience of one of the members in a case of deficient lactation:—

"Dr. Deane said he would call the attention of the society to a remedy, which he had lately seen in some journal, for deficient lactation. It was the plant of the ol. ricini. He proceeded to narrate a case in which he had used it with success. Mrs. ——, of robust and good constitution, in her first confinement had not suffered in the least from fever or other complication, but did not afford a single drachm of milk—all remedies and applications failed. A few weeks ago Dr. D. attended her in her second confinement, and finding the same state of things existing, he was induced to make trial of the above new remedy. He accordingly ordered a strong decoction of it to be taken, and wet leaves of it to be applied to the mammæ. Hardness, &c., of the breasts ensued in an hour or two, and, on the next day, lactation had set in plentifully. He hoped members would give it a fair trial whenever an opportunity presented, and report the results." *

Births, Deaths and Marriages in Massachusetts.—In this Commonwealth, a certain class of statistics are assuming a reliable character. The eighth report to the Legislature, relating to the registry and returns of marriages, births and deaths, from May 1, 1848, to January 1, 1850, is a document of figures, which but very few men have the qualifications to construct, or the patience diligently to read and sift out the errors. Dr. Josiah Curtis, of Boston, under the direction of the Secretary of State, has systematized the town returns on this subject, and out of this mass of materials he has produced a book of 130 octavo pages, that will compare favorably with any similar report in this or other countries. Of the importance of this registration, in after times, when these United States have become old, and land-titles, the inheritance of property, and relationships, may be more essential than at the present moment, as evidence, no doubts can be entertained. It is gratifying, therefore, to perceive that effort is constantly making to improve these reports. Dr. Curtis has introduced new matter. After working through the tables, there is something to read; and it is that which Dr. C. has added, which is entitled to the reader's special thanks.

Twenty months are embraced in the report, during which there were registered in the State, 38,313 births, 10,951 marriages, and 30,595 deaths. Within the five last years, the foreign population of Boston has increased 70.20 per cent., while the native population during the same period has decreased 2.27 per cent. Of the 63,466 foreigners in Boston, 52,923 are from Ireland; 2,666 from Germany, and 7,877 from other countries. We further learn from this publication, that there are in Boston 12,143 children of natives, and 12,132 of foreign parentage. There are 6,644 more females than males in the city.

Within the twenty months, marriages were contracted by persons from 13 years of age to 91. Several females were married at 13. The youngest male was 16. A widow of 18 married a second husband—and one of 59 married a fifth husband. One man of 36, and another of 45, married a fourth time. Calvin Kilborn, of Princeton, 91, married Mrs. Susan Saunders, 70. Among females in Massachusetts, says Dr. Curtis, the chances, at the age of 20, that this interesting event will ever occur, are about 1 to 4; that is—when a female arrives at 20, and is unmarried, one-quarter of the probabilities she will be married are gone! If she passes to 25, unmarried, nearly three-quarters of her probabilities are lost. If she continue single up to 30, she has passed nine-tenths of her chances for ever becoming a wife.

In the last five years and eight months, there were in Massachusetts 14,209 deaths by consumption. Of these, 8,453 were females, and 5,756 males.

Dr. Curtis next treats of the laws of health, the influence of occupation upon the condition of individuals, and the laws of mortality, which subjects are very ably treated. He does himself much credit in this research, and we are glad that the Secretary has had the magnanimity, in the preface, to apprise the General Court to whom we are all indebted for this able analysis.—*Boston Med. and Surg. Journal.*

Cases of "Nursing Sore Mouth."—By M. L. KNAPP, M. D., late Professor of Materia Medica and President of the College of Physicians and Surgeons of the University of Iowa.—CASE 1.—While residing at Springfield, Ill., I was called in the month of June, 1835, to see Mrs. Colborn, who had been ill nearly all winter, and who was at the time nursing a child four months old. On visiting her, I found that she was wholly confined to her bed, and was suffering from the prostration attendant upon a protracted and severe sore mouth. Her physician, a gentleman of good medical attainments, had not succeeded in rendering her relief. The family and friends had accused him, without cause, of giving mercury, which had produced the effects under which she was laboring. On examining the patient's mouth, I found the gums soft, spongy, and bleeding, the teeth loose, and a horrid fetor issuing from the affected parts. From the habits and condition of the patient, I was led to believe that she was suffering from the effects of land scurvy, and I accordingly put her upon such vegetables as could be obtained. Her principal diet for three weeks was stewed gooseberries and milk punch, at which time she had so far recovered as to be able to attend to her ordinary vocations about the house. Her cure was permanent, and she took not a particle of medicine.

Remarks.—Many somewhat similar cases came under my notice from the occurrence of the foregoing case to the year 1843, when I removed to Chicago. The country was newly settled, and succulent vegetables, such as cabbage and turnips, and sometimes even potatoes, were not put up for winter, because the settlers had not cellars, frequently, to keep them from frost. Neither was orcharding attended to, and cider or vinegar was seldom met with. Pork and hominy constituted the principal diet. In this condition

of things a moment's reflection satisfied me that scurvy lay at the foundation of those cases which had their origin in the winter season, and they were accordingly treated, successfully, with such indications in view.

The following spring after my removal to Chicago (1844), "Nursing Sore Mouth," as it was called, became almost epidemic. Two uncommonly cold, wet, and backward springs had followed each other in succession, and succulent vegetables and fruits were scarce beyond all former experience. Cases of scorbutic diathesis were every day presented to my notice in my own practice, and whole families were affected often; some would have sore mouth, others griping pains, and others, again, great debility, and some only complained of lethargy or inertia.

Case 2.—Mrs. G——, who fell into my hands after a three months' attendance by another, and an old practitioner of this city, died the next day after he was dismissed, and I was called. I had ordered her nothing but milk punch, and believe she had not even had any of that prepared, when symptoms of premature labor came on; I was summoned to the bedside; she was delivered, and died in about an hour from the shock or exertion. She had a very badly ulcerated tongue, and petechiæ all over the legs.

Case 3.—Mrs. Jordan, the same spring, died in the same manner as case second, after delivery at full time, and without any accident or flooding. I was with her early, and she had a quick and easy labor, but sank away and died, as it were, from the shock of the exertion; just as a sailor affected with scurvy on board ship will walk the deck, and then lie down in his hammock and die in a few minutes. I had not seen her till summoned to attend her in labor; still the cause of her death was plain to me.

Case 4.—Mrs. W——. This lady had been laboring for months under the inconvenience of "nursing sore mouth," which had resisted all manner of treatment instituted by her medical attendants. She had been blistered for the pains in her abdomen, and all her cravings for pickles and acid vegetables of all kinds had been opposed. Seeing her accidentally in company with one of her medical attendants, it was suggested that the disease depended mainly upon scurvy, and lemon-juice was recommended. She was accordingly put upon the use of it, and, to the great surprise of all, she rapidly and permanently recovered.

Remarks.—These cases are reported because of their practical bearing. Marvelous accounts of this nondescript disease, called "nursing sore mouth," appear from time to time in the journals; and why some one has not set its nature and pathology to rights, who is in the habit of contributing to, and fond of appearing in the journals, I am at a loss to understand.

About two years since, as well as I remember, a contribution appeared in the *St. Louis Medical and Surgical Journal*, that was very valuable, on the prevalence of the scorbutic diathesis in the west, and its controlling power for evil over all the diseases that might happen to arise, comparing its withering and predisposing influence to that of malaria, which is even so; but the writer did not portray its most frequent manifestation in the form of the "*nursing sore mouth.*" This disease is, however, now going out of fashion as horticulture advances.

Two practical ideas may be derived from these cases: 1. That patients in all new countries should be allowed the free use of lemonade, whatever the disease. 2. That pregnant and puerperal females should not be restricted in their diet, the cause often of the setting in of the scorbutic diathesis, or "nursing sore mouth," but should be allowed succulent vegetables and fresh animal food, pickles, lemons, oranges, &c.—*N. Y. Journal of Medicine.*

Thoughts on Malaria and the Causes generally of Fever. By J. D. RUMPH, M. D., Orangeburg District, South Carolina.—Nine-tenths, if not nineteen-twentieths, of the diseases of Orangeburg District, are intermittent, remittent, or typhoid fevers. The sole cause or origin of all these fevers, I declare unhesitatingly, is past my comprehension.

Malaria is said, and generally understood, to be the certain cause not only of these diseases, but of many others, such as diarrhœa, dysentery, rheumatism, etc., etc., as we are informed by almost all writers on this subject. It strikes me as something strange that a homogeneous matter should produce so many heterogeneous effects. I know that by analysis and synthesis we arrive at invaluable information, but I cannot comprehend how a thing is to produce so many different effects, which no chemist has ever been able to detect in its simple state, much less to divide its particles and give to each its place and power to affect the human constitution.

I have stated that malaria is homogeneous. I mean here to be understood in regard to its production. Heat and moisture, with vegetable and animal decomposition, is necessary to produce it. It must, therefore, be a simple ingredient, or how can it produce analogous diseases? If we compound it, we have it the creative agent of all our diseases.

Now for its production. Dead-water lakes, mill-ponds, marshes, and all alluvial soils, much timber suffered to decay after being killed or cut down, etc., etc., are supposed to be its sources. I am not so familiar with sickness produced from dead-water lakes, as there are none of that character in my neighborhood; but I am literally surrounded by mill-ponds. At this moment I am within hearing of three of them; other small ponds for the purpose of manufacturing indigo are so numerous here, that I cannot take the time and trouble to count them. My own is little more than a stone's throw from my dwelling. It is true, as I have stated, we have fevers in this neighborhood, and we are accustomed to expect fever and ague annually; not more, however, about those ponds than in parts remote from them—I mean ten or twelve miles off—I think rather less. Who has ever heard or seen the case of a miller having fever and ague? he who constantly attends about the mill, eats and sleeps at it? And, again, how rarely is it that an indigo maker is attacked by fever during the time of making indigo, which is between the months of June and October? I will instance a single case to show how seldom this happens. My father has been an indigo planter for upwards of forty years, perhaps fifty, and he always had the same negro man to attend to the works all the time of making it till within the last four years, when the old man died of old age, being about ninety. During that long attendance on the indigo works, where there are so much water, heat and decaying vegetable matter, he has never been known to have the fever or any other sickness but once. Yet many a time he has been seen standing like a ghost on the huge piles of wet weeds, recently thrown out of the vats, on a cool September morning, luxuriating in the warm vapors as they would arise out of the heap of manure.

This is only one instance. I might enumerate a hundred others of exposure similar to this, which, of all others, would seem to be the most fruitful source of malarious diseases; and yet there is here something stranger than fiction, for it is a stubborn fact that indigo makers are generally healthy persons. I was engaged in making indigo on my own plantation about seven years, and during that period I never had a case of chill and fever, or any other fever amongst my negroes. For the last three or four years I have grown cotton, and one year collected turpentine; during these years I have had several cases of autumnal fever. Some of the severest cases of intermittent fever I have ever witnessed occurred in the sandhills, where some of the farmers had taken their families to avoid sickness from less promising-looking places. Females, too, who never exposed themselves,

had it as severely as males who had necessarily to undergo a good deal of exposure.

I have finally come to the conclusion that there are many more potential causes of fever than malaria, of which physicians and other writers on the subject have taken too little trouble or pains to find out; or, if they have written upon it, they have given too little attention to the matter. I have no chemical laboratory, or philosophical apparatus, to guide me in my researches, determine me in my conclusions, or assist me in my deductions, but ours is an inductive or rational philosophy, and I consider, therefore, that I have as much right to come to certain conclusions in medicine as any one who has preceded me, so that I keep within the bounds of reason and truth.

I have observed that we have no fevers here till the latter part of July, unless the summer sets in unusually hot, the mercury in Fahrenheit's thermometer rising 85°. If that is the case, we may expect some cases of dysentery or fevers. Should the weather be hot (the degree about 80 or 85), no matter if it is wet or dry, fevers will begin to show themselves in our neighborhood. I also find at this season that the atmosphere begins to be pretty well charged with electricity; hence the severe lightning and thunder storms so frequent in our latitude. Now, the continued operation of electricity on the human system, so far as our knowledge goes, has the tendency to enervate it to a very considerable extent; here, then, at this season, we have an atmosphere in which is diffused a debilitating agent.

I hold that any agent calculated to enervate and debilitate the system is pretty apt to produce disease, and, perhaps, the very disease in question, viz., fever—intermittent, bilious, remittent, or typhoid. Dr. Copland considers a want of electricity as a cause of fever. I presume a total absence of electricity would produce the same or a kindred effect.

Now, let any healthy person dare try the experiment, in this climate, of blood-letting, low diet, exposure and hard work for two or three days consecutively in the month of August or September, and let him keep awake the whole of several nights, and I am convinced he will take fever. I myself have contracted fever, in my own person, from sitting up only one night at a time, after a day of fatigue, though I had been much fatigued by riding to visit the sick for weeks daily before, whilst in the enjoyment of usual health. This has occurred to me frequently, both at home and abroad, and now, when I am forced to undergo fatigue and sit up late at night, I make my calculations for fever, and am seldom if ever disappointed —headache, nausea, tenderness about the epigastric region, loss of appetite, muscular prostration, fever, etc. This state would continue, and always had to be combatted with the usual remedies before it would yield. Otherwise, I am by no means more liable to an attack of fever than other people.

This, of course, would be termed a malarious attack of fever, especially if in summer or autumn, and had I not been exposed and sat up late at night, I am confident I would not have experienced an attack. How, then, shall we account for such an invasion of disease? I answer that there is a latent but unaccountable predisposition in the system, which only requires an excitant cause to bring on an attack. Malaria, if it exists, may be one of the causes; debility, from fatigue and watchfulness, another; enervation of the system, from the direct influence of an atmosphere surcharged with electricity (which detrimental influence on the human constitution, I think, is not estimated sufficiently high or properly understood) is another, and, I believe, the most powerful of all causes, and may be placed at the head of the list.

If the above may be regarded as direct causes of fever, may we not also

conclude that there are many adjuvant causes of the same diseases in operation? Prevailing winds may be added to the latter.

Easterly winds are observed here in fall as peculiar, and are much dreaded from the presumption that they produce chill and fever—a circumstance I have often noticed myself, and the oldest inhabitants often speak of it.

Some writers merely mention the circumstance, without attempting to account for it. Can it be that these winds pass over land and water from which pestiferous exhalations proceed? Or, do they bring us a decarbonized air, the result of a change of season, which, coming from this direction rather than from any other, has the tendency to affect the predisposed?

I do maintain that some kind of exposure, fatigue, or impropriety, is necessary to bring on an attack of fever. We frequently hear of persons suddenly suffering an attack of fever and ague whilst apparently in good health; but if you will take the trouble to trace out the history, you will find that they have acted imprudently in one way or another, either by eating indigestible substances or drinking too much alcoholic liquors, and thereby weakening the digestive apparatus, and, through it, the whole system. Or, he has labored more in a day than he is accustomed to in the rays of a burning sun, or in some other manner. Recluses and persons leading a sedentary life, and who never expose themselves to the weather, are also liable to fevers; but such a mode of life induces a morbid state of the system, and, consequently, debility or enervation, just suited to an attack of fever, from such concurrent causes as I have named above.

Cryptogamic or animalcular diffusion may also be brought to view as another of the prolific causes of morbid action; this diffusion inducing an epidemic constitution of the atmosphere, suited to the production of disease, perhaps, by irritation of the cutaneous membrane, the air passages, &c.

Peculiar idiosyncrasies in some individuals may likewise throw some light on the subject. Some persons, we are told, become deadly sick at the smell of the rose; others are seized with syncope at the sight of any unpleasant object, as that of a bleeding finger. I have seen several become faint from the introduction of the vaccine matter into their arms. Others, again, become sick and faint from tasting particular kinds of food, such as egg, fish, etc.

I once knew a clergyman, who, if he partook of the smallest quantity of bread of which egg was an ingredient, though he knew it not, would almost instantly be seized with severe vomiting and purging. Now what does all this signify? Why, that man's peculiarities and habits are different from those of all other animals, and that he is prone to suffer from causes so occult, that it were worse than useless to say when he enjoys complete immunity from an attack of some kind of disease.

Let nausea, then, be produced from any of the causes or peculiarities above enumerated—let headache be induced, by which a constricted state of the surface and disturbance of the chylopoietic viscera, etc., languor and debility are brought about, and the consequence is fever. Like the skillful mariner, then, we can in some cases foretell the coming blast.

The physician must learn the causes of those diseases that are about to scourge a nation and hang out mourning at every door, or how shall he prevent their occurrence? He must pursue nature in all her hidden recesses—bring out things new and old—dive into her abstruse mysteries, and, at the same time, study well how to correct his own errors and false theories—until he shall have accomplished this, he will not arrive at the top of the mountain of fame. I will conclude by asking a question—Is any one bold enough to assert that he has ever seen a case of fever produced by malaria alone, without some other agent to which he might, with equal propriety, refer as a probable cause of the malady?—*Charleston Med. Jour.*

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Assimilated Rank of Medical Officers.

In the days of feudality, when the iron hand of semi-barbaric military power ruled the people, and when the ascendency of brute force prevented any appreciation of mental power and cultivation, it is scarcely a matter of wonder that civil pursuits, however noble their character, should have been regarded with contempt; and that their followers should have been exposed to humiliation and degradation. In these latter days, it would be natural to expect that military bodies, with an enlightened adaptation to the age, and from the consideration of their own interests, would do all in their power to give elevation and respectability to the professional men associated with them; and thus secure for themselves and the public interest, the best abilities in the adjunct civil, or staff corps so necessary to proper military efficiency. Such, however, is not the fact. There never has been a period when a more petty, mean, and narrow-minded hostility has been exhibited by military bodies against their civil corps, than is now shown, especially by the United States Navy, and particularly against its medical department. This in part arises from the fact that the prejudices of society have awarded the military profession a respectability of station, irrespective of intellectual culture and mental expansion, indeed even when accompanied by coarseness and brutality. This engenders an idea in the military man that his pursuit is intrinsically superior to all others, and begets a contempt for what he styles "mere civilians;" hence, the hostility to the medical corps is one of caste, and overrides all considerations of public or private interest. But again it seems to such persons a violation of military

supremacy, that the duties of the medical officer are not, in their whole extent, subject to military dictation; they regard it as a violation of discipline that his remedies will operate without waiting for the command of the captain, or without reporting to the first lieutenant, or the officer of the deck.

This ship-board feeling of hostility extends to all divisions of the medical department, from the chief medical officer of a ship or squadron to the stewards, nurses, and attendants of the "sick boy," as the place allotted to the sick, in a man-of-war, is called. It is manifested by all kinds of tyrannical exercise of official authority; annoyances and humiliations are thrown in the way of duty, and an insulting supremacy claimed over medical officers, upon occasions of merely social and ceremonial associations; a superiority which is intended to assert the intrinsic claims of the military, over all civil pursuits, as they are represented by the medical department of the navy. The insult is not so much to the individuals of the medical corps of the navy, as to the professional pursuits they represent. "I'll go home and send him back to his county judgeship," said a commodore of a secretary of the navy, who had disapproved his proceedings. The medical man who would make use of his professional privileges to gratify his private enmities, as any medical man might, would justly be called a scoundrel, by the very men who will make use of the privileges of their station to inflict unnecessary annoyances upon him. They will keep him standing on the wharf, in a broiling sun, or beating rain, and put off to the last minute sending a boat for him, when they would promptly send for one of their own servants; and by a thousand similar petty annoyances and vexations in relation to himself and his duties, render his time uncomfortable.

Committed to a body, entertaining such opinions of "mere civilians," and with the power and the disposition to give expression to its opinions in an annoying manner, it is evident that the medical staff need some protection against the exercise of that power—some guaranty that the intrinsic respectability of the medical profession shall be regarded in the navy. Hence, an assimilated rank, giving this guaranty, has been sought, and its

necessity made so apparent, that, against much naval opposition, it was instituted by executive regulations in 1846. The navy, however, with an assumption inconsistent with its professed administration of discipline, though perfectly consistent with its idea of its own power, set itself in opposition to the authority of the nation, as expressed through the civil head of the nation, and the military chief of the navy—the President of the United States—and pronounced this regulation a nullity, because it was not a law of Congress. To remove such a subterfuge, the medical corps of the navy, and the medical profession of the United States, have asked of Congress the establishment, by law, of an assimilated rank, and, in obedience to this call, the House of Representatives requested from the President, information upon the subject. The President referred the matter to a board composed exclusively of line officers—captains—most, if not all, of whom had been in actual opposition to the claims of the medical corps, and some of them had signed a memorial, asking for the repeal of the existing regulations. This board, with the inconsistency which ever attends a spirit of injustice, concedes the whole principle of assimilated rank, but makes it a mere word of promise, broken in the detail of its fulfilment.

The entire report of this board is childishly adverse to the rights of medical officers, and shows what very small men may be "distinguished naval officers." The following is an extract from this report:—

"*Be it further enacted*, That when sea officers, civil officers, and engineers, shall be required to act together, on boards, councils, or surveys, or other occasions where their joint views or opinions are to be expressed, and in all messes of officers, the superior sea officer present, shall preside, whatever may be his relative precedence, and may exercise command over the other members, to direct the course of proceedings, and to preserve order."

The only "boards, councils, or surveys," in which medical officers would be likely to be associated with line officers, would be on surveys of sick and wounded men, for invaliding or pensions, and upon medicines, supposed to be unfit for use. These

are subjects upon which line, or sea-officers, as they call themselves, would be entirely ignorant; they would be compelled to get their information from, and have their opinions directed by their medical associates; and yet, so exacting are the claims of military prestige, that the line officer, though inferior in rank, must preside over a board, in which he is a nullity. Here is at once a proposed legal embodiment of the contempt in which the medical profession is held. The medical officer is unfit to preside over a board, controlled by his opinions and information, but a young lieutenant or midshipman must have the place of command and dignity.

The proposition to make any line officer, however junior, the presiding officer of the mess table, is no less offensive and insulting.

At mess tables there is no rank; though eating and drinking is a necessity of nature, it is not exactly a military duty, and besides, each mess by common vote elects its presiding officer, the *caterer*, who regulates and controls the table, and dispenses the common funds of the mess. Yet every old surgeon, though he may be gray with age and service, is, for the gratification of military arrogance, to be presided over, governed, and *kept in order* by any young lieutenant, or passed midshipman who happens to be the senior line-officer, present at what may be called the family table. One would suppose that these old surgeons, whom the country and the profession consider tolerably respectable men, must be a boisterous, unruly set of boys on shipboard; whilst these navy lieutenants and midshipmen are models of gravity, order, and sobriety. This is illiberality—run so blind and mad as not to see the absurdity of its antics.

Again, this board was required to arrange the relation between staff officers of the navy, and staff officers of the army, but, as this navy board would only consent that its oldest medical officers should have a rank corresponding to that of *assistant surgeons in the army of four years' standing*, it chose to abandon the regulation of the relation between the medical officers of the two services, rather than its own prejudiced opinions. The following is the language of the board:—

"The board of navy officers, after a very careful examination and reconsideration of the subject, and with a desire to give due importance to the respective duties of the sea and civil officers, considers surgeons, pursers, and chaplains in the navy, as only fairly entitled to precedence with lieutenants in the navy—a grade corresponding with captains in the army, with which rank and precedence is granted to assistant surgeons of over four years' standing in the army." Now, among these same naval surgeons are men who have been in the service over half a century; are the men who have the medical charge of our extensive and palace-like naval hospitals; and, in the capacity of fleet surgeons, have the direction of the medical interests of squadrons; and yet, according to the notions of these navy captains, none of them must rank higher than an assistant surgeon of four years' standing in the army!!! Could there be a greater evidence of narrow-minded prejudice, riding headlong over common justice and common sense?

Although a small affair, it would be injustice to the recent naval board, to omit all mention of a matter which sufficiently shows the calibre of that board. It is the attempt to legalize the terms "sea officer," and "civil officer," instead of "line" and "staff." The former terms are objected to, by the medical officers, because they do not imply the truth. If sea duty makes "sea officers," medical officers have a right above every other grade of commissioned officers, to this title; and so long as they are subject to military duty, and military exactions, they are not "civil officers," and the members of the board must have known that the British government, by the most decided action, has recently repudiated the separation of the medical staff from other military officers.

The *Illustrated London News*, of August 3d, contains the following:—

"The government, it is confidently rumored, have resolved on giving the military Order of the Bath, to distinguished military and naval surgeons. The most eminent military and naval surgeons have refused to receive the civil decoration of the Bath."

This is in strong contrast with the illiberal hostility now being manifested toward the humble rank which has been assigned to

our own military and naval surgeons; and we hope the example which Great Britain has shown of encouraging the medical arm of military service, will be appropriately followed by our government.

Legislation Necessary to the Support of the Medical Profession.

By Thos. J. Corson, M. D.

"The skill of the physician shall lift up his head: and in the sight of great men he shall be in admiration."

In looking over the *Reporter* for August and September, I met with an article on "Medical Reform," by Dr. Stuart. The general course of reasoning pursued in this article pleased me very well, and very closely agreed with my own views on this subject. The necessity of effecting a reform in the medical profession must be admitted by all intelligent persons, but the means by which this necessary reform is to be wrought are not so easily discovered. Without intending to doubt the sincerity of the views expressed by the author, I must beg leave to differ from him in some respects.

From the tone of his article, the boldness with which he advances his propositions, and the ardor of his language, I do not think it possible for me to be mistaken in supposing him to be a young man; one whose honors are fresh upon him, and whose laurels are yet to be won; and who has but just started in life, with the very laudable determination of exalting the dignity of the profession, and expurgating from its ranks all quackery and charlatanism. When he shall have grown older, and have become more fully acquainted with the difficulties to be overcome in changing long-established usages—however desirable such change may be—he will be less sanguine in his expectations. He should know that by obeying the direction "festima lente," he will be more apt to succeed than by rushing directly "in medias pugnes."

I do not agree with the author in believing that our profession is "rapidly declining in respectability." 'Tis true that owing to the almost interminable number of so-called doctors, who are sent out from the thousand and one medical schools of our country, the intelligent public have become more cautious of physicians. And well should they be, since there are regularly chartered colleges of medicine which allow diplomas to men who, from their shameful ignorance and utter want of gentlemanly feeling, would be a disgrace to any profession. But a well-educated and honorable physician can establish and maintain his proper position in society by pursuing an upright and gentlemanly course of conduct, and carefully secluding himself from quackery in every form; for "quisque suæ fortunæ faber est." Merit will be rewarded, and although a dozen "doctors' shingles" may be stuck up around such a man's office, yet he will be sought after by intelligent people, who can discriminate between merit and mere pretension. If a physician is not respected, you may depend upon it, it is his own fault:—

> "The rank is but the guinea's stamp,
> The *man's* the *gowd* for a' that."

The author says, "Legislation cannot avail even were the legislators willing to assist us." The truth of this proposition I deny in toto. How are we to be protected if not by "the strong arm of the law?" He appears to trust entirely to the exertions of the "American Medical Association." If this body had the power to enforce their wise recommendations, all would be well enough; but as it is, all that its members can do is to advise certain changes. And as long as men and colleges have their selfish ends to gain, they will not comply with the recommendations of the Association when they conflict with their own interests, unless forced to do so. If our legislators would enact laws by which the wholesome advice of the Association could be carried into effect, then our profession would soon flourish and be exalted in dignity. Then physicians would be *entitled* to greater respect; for if the requirement for graduation were higher, then so many ignorant and undeserving men could not attain the de-

gree of "M. D." Then the words of Hudibras could not be so truthfully used as in many cases they can now:—

> "For men are brought to worse distresses,
> By taking physic than diseases;
> And therefore commonly recover
> As soon as doctors give them over."

Why is it that our profession occupies a position so much more exalted in Europe than it does here? Simply because there it is more fully protected by law. Colleges are thus enabled to be more severe in their examinations, because if a student is rejected there, he cannot, as is the case in this country, go to some little "grinding school," where the payment of fees is the most important requisite for graduation, and soon come out "with his new diploma in his hat-crown."

I hope that any apparent personality on my part will be excused by Dr. Stuart. I have not intended to say anything that would be in the least degree suggestive of a doubt of his sincerity. Although his views differ somewhat from mine, yet he has shown a good intention in his articles, and deserves the thanks of the profession for speaking out thus boldly. May he continue in the good work, and may his efforts to exalt our beloved science be eminently successful!

I entertain no fears in regard to the stability of our science. It will ever be respected, and will eventually occupy its deservedly exalted station, notwithstanding the great number of shamefaced and ignorant quacks who now crowd its ranks.

Allow me also to close my already too long essay, by an extract from the writings of the Poet-Physician, Holmes:—

> "In yon fair niche, by countless billows laved,
> Trace the deep lines that Sydenham engraved;
> On yon broad front that breasts the changing swell,
> Mark where the ponderous sledge of Hunter fell;
> By that square buttress look where Louis stands,
> The stone yet warm from his uplifted hands;
> And say, O Science, shall thy life-blood freeze,
> When fluttering folly flaps on walls like these?"

JAMESVILLE, *October 8th*, 1851.

How to Diminish Quackery in the Medical Profession.

By S. S. Brooks, M. D.

As this great object seems so desirable, I hope it will not be considered forward in me to offer my mite in aid of its accomplishment. Therefore I respectfully suggest for the consideration of the profession, and particularly for that of the American Medical Association, the following measure:—

Let each and every medical college make it a part of its duty to require of its candidates for a diploma, at the time they deposit their theses, a written pledge with the following provisions:—

That, should they be admitted into the profession, they will endeavor faithfully to observe and follow the Code of Ethics of the American Medical Association; that they will not countenance quackery in any form, but do all in their power, both by precept and example, to suppress and abolish it. And further, at the time of conferring the degrees, let this pledge be publicly read, and the graduates reminded of their obligation to follow it. Let this be done in such a manner that the public may clearly understand its intent and meaning; and that every graduate who may practice irregularly, violates his obligations.

I contend that such a pledge is now implied when a man graduates, but the people do not so understand it.

The profession of medicine is represented to be a great and noble fraternity, and the admission into it, as an object greatly to be desired. Yet unlike other fraternal associations, it places few restrictions upon the conduct of its members, and no written obligation whatever. If it is an honor to receive the degree of M. D., and thus be admitted into the fraternity, let him who seeks it be willing cheerfully to agree to conduct himself in accordance with the established precepts of the profession, from which he expects to receive benefits, and by which he may be enabled to confer them upon others.

The colleges have the power to adopt such a measure, and as it is from them that the student receives his early impressions

concerning his duties, they are bound, it seems to me, to pursue some such course.

To them has been confided the responsibility of making and admitting members into the profession; and they owe it to their alumni, to each other, to themselves individually, and to the people. To their alumni—for the purpose of protecting the honestly disposed among them; to each other—so that all may strengthen the bands of union between them; to themselves individually—because the honor of a school depends, in a great degree, upon the character and conduct of its graduates, by whom, when they go into the world, the true interests of the profession are to be promoted; to the people—because the community should be informed what is the line of distinction between the true and false in the demeanor of the profession.

It seems to be the duty of the profession generally to consider this matter, and in some way to make the people know that those who practice irregularly are not honorable members of the profession. For how common it is for the charlatan to boast in his advertisements that he is a graduate of such and such a school; thereby endeavoring to produce the impression on the public mind that the college approves his course. And how lamentable, yet how common it is to find that really intelligent persons in the community, look upon the greatest advertising quack as one of the great men in medicine, whose name is placed in the catalogue of honor as equal to the truly great Physick, Parrish, Chapman, Wood, and others who adorn the world with their achievements in science, and their moral virtues. Indeed it is truly sickening to find that in the view of the mass of people, the truly great, and the miserably low, stand side by side, as equal benefactors of the human race; their diplomas perhaps having been obtained from the same source.

PHILADELPHIA, 9 *Mo.*, 1851.

Latin Prescriptions. By JAMES H. STUART, A. M., M. D.

ECCE VERBUM! If this was not emphatically *the* age of absurd humbug and fanaticism, a man would righteously be accounted a fool who should attempt the task which I now undertake; viz., a *defence* of the time-honored custom of writing prescriptions in Latin. What! *Defend* that which the learning and experience of our profession have pronounced not only convenient, but really necessary for perspicuity, elegance, and true safety? Even so. Fanatics having exhausted their folly upon religion and politics, have commenced a crusade against medicine, probably supposing that physic has not enough enemies in her own camp, but needs an attack from without. Faugh! It almost defiles one's pen to notice the childish and querulous complaints made against medicine, and its "uncertainty," by the very men who, in the Legislature and other public bodies, have vied with each other in rabid eagerness to bring down the tone of medical education, by chartering one tenpenny college after another, each having full powers to grant diplomas to their Paracelsian pupils. We object not to colleges in themselves. The more *good* ones the better. But it is not reasonable to restrain them from issuing absolutely unlimited numbers of "licenses to kill?" Let them be merely for instruction, and have no other power. Why cannot our legistors attend to their legitimate business, and not leave, session after session, really important matters unconsidered in order that they may grant divorces to pretty women from *other* states; and charter useless and worse than useless institutions? (I accuse the Pennsylvania Legislature of doing this;* and make the accusation boldly, for it cannot be denied, and the people should know how their representatives are attending to their interests.)

When one thinks of these things, he can scarce help exclaiming, with Borrow, in his Lavengro, "As I was telling you just now,

* This I assert from personal knowledge and on my own authority. The New Yorkers come habitually to Pennsylvania to be divorced, when they cannot, in their own State.

my fine fellow, I have always been an enemy to humbug." And what greater humbug than a Legislature of one State dawdling over trifles of which they know nothing, trifling as they are, while other States are totally unnoticed and uncared for; running important railroads through its territory, which deprive it in effect of millions annually?

Part of this fanatical cry about English prescriptions is raised by clergymen. Here let me speak softly. I was educated with a professed respect for holy men; I reverence them deeply yet, and ever will do so, when they *are* holy men. But may we not reasonably doubt the sanctity of *some* of them—and a pretty large proportion too—when we see them transcending their proper functions? When we see him who pretends to be an humble follower of the "meek and lowly One," the friend to truth and righteousness, arrogating to himself the right to use his sacerdotal influence, and even professional *authority*, to support a lie bud of Apollyon? When we see him consorting familiarly with the most cringing of quacks and quacksalvers, and frowning with unchristianlike malice upon the efforts of honest, conscientious, and educated physicians? When we see him almost refusing, or at *least* criminally *neglecting*, to render the last offices of consolation to one whose only crime has been the refusal to employ his pastor's pet quack? When we see his name attached to recommendations of quack medicines which he has probably never used? May we not then reasonably doubt whether such a one is not prepared to become a "wolf in sheep's" clothing, and brand him with at least presumptive self-deception and ingratitude, for no people receive more favors from us than the clergy? What would they think were we to retaliate and patronize all sorts of absurd and nonsensical *heresies?* Look at it in its very mildest light. Say he *knows* no better. What right then has he to speak so confidently? Is it either the part of gentleman or a Christian to meddle with a profession of which he must *necessarily* be ignorant, unless he has made it the study of years? Of course all these remarks are only meant for the *guilty* members of the profession. Of the newspaper editors, I spoke in a

former article. *They* are somewhat more excusable. Their occupation has a strong tendency to blunt the moral perceptions. It is their *business* to puff everything for which they are paid; and strong must be the mind and heart of him who can resist the corrupting influence of money. We cannot *expect moral* honesty in many of them, and when we *do* meet it, all honor be to the possessor. (I see an extract in the September number of your *Reporter*, from one of your New Jersey dailies, which proves that *some* honorable and upright editors are yet left. That extract should be widely circulated for the encouragement of any who may be disposed to imitate the example of independence. Of that paper's other proceedings I know nothing, but for *that* it deserves all praise.) The same men who cry *down* Latin prescriptions, cry up Female Medical Schools.

Now for a dispassionate review of the arguments used by those sage individuals who so valiantly attack all that they cannot understand. It *is* hard that the operations of the whole world couldn't be brought within the scope of their somewhat limited field of vision. They say that fatal mistakes occur from the ignorance of physicians, the ignorance of apothecaries, and from the possibility of even educated men mistaking the officinal terms and abbreviations of the Latin.

These objections themselves show conclusively that the objectors know nothing whatever of the structure of our official vocabulary. Few, if any of them are aware that the U. S. Pharmacopœia is a work carefully revised before publication and approved by the great American Medical Association, and that not one word is permitted to remain in it which can possibly be mistaken by an *educated* man, if properly used and written. (Of course, such men as one of my *fellow graduates*, who wrote Pharmacopœia "Farmakopea," or the other who took full notes on "*Coroseve Subliment*,"* might make a mistake in that, as they infallibly would in anything else.) The necessity for such a grand common standard is at once apparent. Otherwise

* Facts, I vouch for them on the authority of my own eyes.

persons would constantly be using different preparations under the same name, and thereby commit numerous and fatal blunders. Now, what language shall be used for this purpose? The work is, so far as *officinal* terms go, written in Latin, because that is the *scientific* language of the civilized world; and also because the most accurate which could be employed, and the one which gives the full force of every combination. Now see what the innovators demand. They wish us, merely to gratify a whim, to tear down the noble structure we have been so long and so carefully rearing; to substitute a language inaccurate in itself, and which *cannot* express *all* the ramifications of medical technicality; to print a book which civilized Europe must translate to read, and would then ridicule, and justly too; to acknowledge to the world that we could not entrust a work of the simplest classic language to the hands of our physicians! And what is their excuse for this worse than Vandal outrage—this Visigothic barbarity? Why, forsooth, because *ignorant* doctors and apothecaries make mistakes. Why do you *have* ignorant physicians and apothecaries? Why not raise your many headed clamor to prevent that, rather than trying to depress the noblest profession that ever existed? What difference to you that your ignorant eyes read the English name of the medicine you take? Would not the same man who errs in an *officinal* title, with the Dispensatory at his elbow, murder you by the wrong use of medicines, against which you can raise no objection? Do *you* know that calomel, which at one time might save your life, might at another destroy it? Would you not as willingly take it in the latter as in the former case, and look very sage while you spelled out the letters c-a-l-o-m-e-l? But, suppose your physician wrote "protochloride of mercury"—English—what more would you know than from "hydrarg. chlorid. mit.," Latin? And yet, as calomel *is* a mild, or protochloride of mercury, he would, to be exact, have to give it its chemical name, for "calomel" is a mere arbitrary term, and means nothing. It could not be translated into French or German.

Scarcely any of the vulgar English names are expressive of either the *nature* or the *qualities* of a medicine, but are *entirely*

arbitrary: *e. g.*—"Blue stone," or "blue vitriol," may mean anything, and be understood as anything; but there is no mistake in cup. sulph. (sulphate of copper). *That* name at once indicates *what* the article is, and its nature. So with "hartshorne" and "ammon. carb.," or "aq. ammon."; the former is indefinite, the latter explicit. Chemistry is constantly evolving new remedial combinations for which there are *no* English names, not even imperfect ones. How do our innovators provide for that? Let us give them Latin chemical names, and the merest tyro knows at once their composition and their virtues. Does not all this show incontrovertibly the superior *safety* of a rational, chemical, and classical nomenclature? Our opponents do not wish to abolish *English* officinal terms, I presume. Now, to understand even these, my good friend, you must study chemistry, botany, and even some zoology, and if your early education has (as your objections seem to indicate) been neglected, you might learn even that awful Latin in less time. But, as I intimated before, suppose you do understand the *language*, you must then study materia medica to tell in what *doses* such and such remedies would be fatal. Take the late flagrant case of "ol. ric." written "ol. res." and mistaken for oil of rosemary. Suppose the patient or his friends had known it *was* oil of rosemary, think you they would have known it was in a fatal dose, or that it was improper to the case? Such an ignoramus as that doctor would have been as likely as not to give it knowingly. In the instances where morphine and strychnine have been given for quinine, was the error in the language? No, it was from the resemblance of the articles themselves, for "quin. sulph." is as different from "morph. sulph." as is the English "quinine" from "morphine."

Spend some of the time you are wasting in *leveling*, in an effort to *elevate*, and you will work to more purpose. Cry aloud for a reform of the *whole* system. Say at once, our medical men are generally unfitted for their profession. We demand a longer course of study, and better evidence of fitness in our physicians, than we have now. We demand that those who *are* educated

men should write legible hands. Say this, and we will meet you half way and assist you. Don't be content that you *have* bad doctors, and *merely* try to prevent them from erring, but see to it that they are men who will *not* err. Doctors! The very name is a farce. Talk of men being *teachers* who are scarce fitted for scholars. [As an instance of the appropriations of this term, a young *doctor* in Pennsylvania got a case of lacerated rectum, with considerable hemorrhage. A week after, he was asked what he had done. "Done? Oh, nothing *yet!* But I won't let him die: I'll call in a *physician* first." Truly he needed to call in a physician.] Purify the apothecaries' body; enact laws that no man shall keep a drug store who has not been properly educated; who has not graduated at some respectable college of pharmacy; and *when* you have done this, complain, if you will, of errors. *Then* clamor for English prescriptions, but not *before*. I say again, the English is the *business* language of the world, but not the language for professional technicalities. For *that* a tongue is required which is understood by the learned in every country—and such is the Latin—the universal scientific language. We say nothing for or against *law* Latin, confessed by lawyers themselves to be a horrid jargon; or concerning that of the theologians, which is probably very good. Let each defend their own. *Our* officinal Latin of the Pharmacopœia is pure and explicit. Let it alone, or yield yourselves the passive victims to ignorant quacks and charlatans. The tendency of our country is downward: learning is decried, and ignorance exalted: a change *must* take place; let us hope it will be in the right direction.

Erie, Pa., *Oct.* 20.

Obstetrical Scraps. By L. A. Smith, M. D.

Mr. Editor: My attention has been directed to an article in your last number, under the Eclectic and Summary Department, entitled a "Report of an Obstetrical Case," which I am glad to see published, as the practice was perfectly safe and proper, and I only wonder that the accoucheur could hesitate a moment about separating the cord in such a case, whether the child had cried or not, but more especially if it had done so. In my practice of thirty years, I have had quite a number of similar cases, and have invariably separated the cord without any injury to mother or child. It has been my custom to retain, if practicable, the ends of the cord in or under my fingers till the fœtal portion was properly secured. The other portion I never tie unless in a case of twins. Immediately after the delivery of the child, and before tying and separating the cord, I am in the habit of passing my hand over the fundus of the uterus to ascertain whether there be another fœtus, and also to secure a speedy contraction of that organ. This is effected by gentle pressure, and slight kneading with the fingers. I then tie the fœtal portion of the cord, and separate, allowing the blood in the placenta to be discharged, which greatly diminishes its bulk, and ensures a more speedy delivery of it. So successful is my practice in this, that I am never detained at the bedside more than five or ten minutes before the labor is completed, unless there be adhesion requiring the introduction of the hand and the usual means to overcome this difficulty; and I never have any trouble from uterine hemorrhage.

My object in writing this is to add my testimony, after thirty years' experience, to the correctness of Dr. Palmore's practice in the case, and to assure the younger members of the profession that there may be exceptions to every general rule, and that this is one of them, most assuredly; and also to endorse your excellent article in the October number of your Journal for 1849, on the "manual delivery of the placenta."

I wish also to say a word on another article of yours in the October number for 1848, on the diet of infants, and to express

my hearty concurrence in all you say. There is no one thing in the practice of midwifery I had more trouble in managing to my mind, than to prevent nurses from drenching the poor infant, immediately after it is dressed, with chamber-lie (as they called it) and molasses, or something almost as bad, and for several days keeping the poor sufferer crying, in consequence of over-feeding with catnep tea, cracker water, or milk. My instructions are, in every case, to give it nothing of the kind, but as soon as the mother is a little rested, apply it to the breast. If this is done faithfully, the infant seldom suffers any uneasiness, and the mother escapes the milk fever, so much talked about in the nursery.

NEWARK, *September*, 1851.

Case of Reproduction of Mammary Gland after Excision.

By JAMES B. COLEMAN, M.D.

DURING the summer of 1842, I extirpated the right mammary gland of Mrs. Cranmer, aged 32 years. She was a widow, and had nursed her only child fourteen years previously. There was no show of disease of the breast, until about eighteen months before the operation. At the time of the operation it had all the characteristics of scirrhus. The usual elliptic incision was made, including the nipple, and the whole gland was abstracted. The wound healed readily, and the breast had all the flatness that follows the operation, while the other side being well developed, the loss of substance was well shown by contrast. This was the condition of the breast for more than two years, when a ring began to develop itself around the cicatrix, and increase until it made a considerable projection. Three years since she was married again, and about ten months afterwards had a child. On being called to her the second day after delivery, I found her suffering from a great distension over the right pectoral muscle. An enlarged ring, with a flat centre, measuring from outside to outside, more than the gland on the

opposite side, presented itself, with all the sensible qualities of a mammary formation. She spoke of it as giving a "trickling" sensation, as if milk were forming, and she was sure it could be drawn if there were only a nipple for the purpose. I was so confident, from all I had heard of the development of the new gland, and from what was seen in its great enlargement, that I thought it unnecessary to put her to the pain of a puncture, to prove the presence of milk. A difficulty occurred in drawing the left breast, and the secretion had to be suspended. Both sides subsided together, offering further evidence of the glandular character of the new formation.

It is more than a year since the child was born. The ring at this time is as it was previous to her last pregnancy.

No ring of glandular matter having been left outside of the dissection, which reached into the cellular structure surrounding the entire breast, and down to the pectoral muscle, so that not a vestige of a glandule remained, this case, so strongly marked, proves the reproduction of a mammary gland; the power in the organic nerves to develop glandular acini, and arrange them as near as possible to the point they once occupied. I do not know that another case of the kind has ever been noticed; and from this fact one is cautious in believing the evidence of his own senses. The late Dr. Samuel George Morton saw the case eight days after delivery, while the ring was yet greatly distended. He was so well satisfied with the fact that a reproduced gland was under his observation, that he said this strange vital phenomenon ought to be made a subject of careful research.

Ought this reproduction to be considered physiologically impossible? The peculiar force that directs the formative organic elements themselves, in particular structures, is as incomprehensible in directing the rudiments of the first gland, as in this. There must have been an arrangement, obedient to some impulse which was conveyed through the nerve destined to control the organism. The arteries carried the material for its formation. From an imperceptible point, the gland, with its connecting vessels, and larger excretory ducts, was developed. Now, the stimulus continuing through a healthy nerve, and all the organic

elements being plentifully supplied to its extremity, a development of glandular matter might take place as the simple appropriate action of the part. The arrangement of excretory ducts is a higher action in the organic formations than the production of gland itself; they are made in anticipation of the office that is to be performed; for when the gland grows to sufficient power to begin its secretions, the canals are ready to carry them off. In the structure of the lungs we find an extensive system of tubes for inflation and discharge, ready for action at the first breath. We know that a portion of a lung has been destroyed, and its place supplied by reproduced air-cells, while the regularly organized air-tubes are never restored.

In these cases of destroyed pulmonary structure, the nervous extremities are supposed to be as much impeded in their function, as that of the mammary nerve divided by a clean incision. Yet they reproduce air-cells in some instances, sufficient to fill large cavities. In the case under consideration, there was no power to form lacteal ducts, although the glandular matter is found in such abundance.

When glands grow, it is an addition of vesicle to vesicle, like atom to atom, in crystallization. If a portion be destroyed, and the gland ever swell to its original size, it is a reproduction, for the ultimate elementary forms being of definite size, an increase of volume argues new accessions of these portions. Not so with the excretory vessels of the gland; they are a more complex structure, and when destroyed cannot be restored as originally formed.

May we not, then, infer that the nerves which go to any particular gland, if left in a healthy state after the extirpation of that gland, may reproduce, in some cases, from the blood in the cellular tissues in which they terminate, glandulæ of their specific kind; and this, the more readily when these glandulæ are of the simplest in their functions.

Trenton, *Oct.* 18, 1851.

EDITORIAL.

Medical Reform.

We cannot tell why, but true it is that the *Reporter* has been sought by several correspondents, of late, as a suitable medium for communicating their views on the subject of medical reform; and, while we have cheerfully given them a hearing through our pages, and, in the present number, send out no less than *three* essays bearing upon this matter, we believe the subject is ample enough, and the profession sufficiently interested in it, to warrant us in adding a few thoughts to those already exhibited. Much stress is laid upon the fact that there exists a necessity for increased mental cultivation, as a preliminary requisite to a course of medical studies, while the professional requirements themselves should embrace a more extensive scope than they now do. We freely agree with all this; but we would not overlook a very important pre-requisite, which should be demanded of all who seek the honors of the doctorate. We refer to *evidences of a sound moral character.*

We feel confident that this matter is not regarded with the seriousness and importance which it demands of an enlightened and honorable profession; and we are equally assured, that were our portals never stained by the hands of the vulgar and profane, who sometimes press through them to an honorable seat within, there would be less cause for complaint, and less fear of quackery than there now is. Vice, wherever it shows its hideous form, exerts more influence to corrupt, than virtue does to reclaim. One instance of public immorality will throw around it an atmosphere, which it will take hundreds of virtuous examples to dissipate; and it behooves the private practitioner to see to it, that those who seek his instructions as a medical teacher, should be subjects of a correct moral training, that could find no enjoyment in the low slang of the multitude, who would fain turn the current of

knowledge from its legitimate course, and cause it to minister to the accomplishment of its own demoralizing ends.

The code of ethics acknowledged by the profession of the United States is, in itself, a good moral code, and yet, there are practitioners whose standard of morality is so far below it, that they cannot, from a degree of mental obliquity of which they are the victims, live up to its requisitions. Men are often found in the profession who seem to desire to abide by its system of ethics, but who do not realize its spirit, and cannot appreciate its harmonizing tendencies. They fail to do this, because they have embraced the profession as a *mere* business engagement, and, pursuing it as such, they level it to the common standard of mere business men. There is nothing in the profession of a huckster that prevents him from exposing his commodities to the people, and seeking custom from house to house; even a merchant may compete with his fellows in trade, by means of puffs, and references, without dishonoring his calling; and is it any marvel that those who enter *our* profession with no higher motive—with no loftier idea of its claims and its honors, should measure their conduct by the same rule? Is it any wonder that we find them insinuating themselves, by what they may call *honorable* "tricks of trade," into the path of others who pursue the same profession? If it is necessary for the physician to take his *brain* with him to the bedside of his patient, it is equally necessary that he should take his *conscience* also; and if it be true that he cannot properly pursue his calling without having cultivated and improved the former, it is equally true that the latter should be enlightened with a true sense of his moral obligations. If his knowledge be not guided by a high-toned moral sentiment, he will be no honor to his profession, and worthy only of a place with the reckless charlatan. There are many secret ways by which the reputation of another may be injured; a mere word, look, or gesture may sometimes convey an expressive meaning to the watchful mind of a patient or his friends. A high moral tone will always command respect; it will always ensure a welcome greeting with those of like character.

Let us seek to elevate the tone of our beloved profession, by elevating ourselves above all that is groveling, and undignified.

Obstetrical Teaching.

There is no single subject connected with clinical teaching, which, to us, seems more important than that of practical instruction in operative midwifery, and we are pleased to introduce to the notice of our readers, the fact that, in New York and Philadelphia, this subject has claimed the attention of competent private practitioners, who have entered upon the work with an interest and zeal, which ought to be encouraged by a good attendance of pupils. Dr. Augustus K. Gardner, of New York, proposes, during the coming winter, to give a series of demonstrations on this branch of medical science, by which the student may learn from the manikin, and by actual experience, such obstetrical operations as he will meet with in his subsequent practice. Dr. Gardner has made such arrangements that he will be enabled to teach, by the appearances of the breast and nipple, the diagnosis of pregnancy; by the *toucher* and *ballottement*, the date of pregnancy; by the stethoscopic signs, the condition of the fœtus, &c. Manipulations with the hand upon the manikin and the living subject are the only true means of gaining an available knowledge of obstetrical science; and these may be obtained of Dr. G. for five dollars—for a single course.

We would mention also, the Obstetric Institute of Philadelphia, which has grown up under the fostering care of Dr. Joseph Warrington of that city. We well remember the instructions we received under the auspices of this institution, and when troubled with a difficult case of labor, we recur, almost invariably, to the principles there received, and have never yet found them unavailing in the trying hour.

The lessons of the professor in the lecture-room are put in practice under the more private and social teachings of the Institute; and, while the former are necessary to prepare the soil and scatter the seed, the latter are the gentle rains which revive and invigorate the tender germ, bringing it forward from growth to growth, till a harvest of experience is laid by in the mind of

the young practitioner, which relieves him of embarrassment when separated from the counsel of instructors, and thrown upon the world to find his way to honor and usefulness.

May these twin sisters, in the sister cities, vie with each other in promoting sound obstetrical learning, and eventually receive the full accomplishment of their anticipated reward!

The Medical Examiner.

Some months ago we had occasion to remind our brethren of the *Examiner* that we were invariably overlooked in their published list of exchanges, while the other journals were punctually noticed. After a paragraph upon this subject, we were placed upon their list *twice;* but since that time, while we have sent the *Reporter* punctually in exchange, we have entirely, and we think, rather strangely, escaped the attention of those who make up the *Examiner's* list. It seems a singular inadvertence, especially now that we pay *monthly*, instead of quarterly visits. But we know very well that our city friends are often much occupied with the *toils* and *trials* of *arduous professional life;* and, while we promise fidelity on our own part, and intend always to manifest a fraternal feeling, we are quite willing to overlook the oversight, and always give the *Examiner* a *name* and a *place* with us.

A Whisper to Subscribers.

The publisher is at our elbow, and quietly suggests that if each subscriber to the *Reporter* would procure another (and there is probably not one who could not procure two), and send him the name and the "needful," how briskly our enterprise would succeed. Really, brethren, it would place us out of the reach of embarrassment, and give us an opportunity to do as much more good in return. Will you not try it? Ask your neighbors.

The New York Medical Times.—The first number of this sprightly-looking monthly which was announced in our last issue, lies on our table, and gives promise of future excellence and usefulness. It contains thirty-two pages monthly, and is published

at two dollars per annum, under the editorial supervision of Dr. J. G. Adams. We welcome it to our list of exchanges, and trust that the *fears* of the editor as to its short life will not be realized, though we can assure him that his experience will be very different from that of most publishers of medical journals, if he is able in one year to make even an approach to meeting his expenses.

We would take the liberty of suggesting to the editor the inappropriateness of his own heading *Surgical Nicknacks*, unless he is going to publish under that head "trifles," which will be hardly worth the attention of medical men, whose time is usually too precious to be spent on "bawbles." Still, we must regard some of the remarks on that word, and on other matters connected with the *Times*, which appeared in the last number of the *New York Medical Gazette*, as a species of hypercriticism to which we are sorry to see that journal is too much addicted. "Live and let live," is a good motto.

ECLECTIC AND SUMMARY DEPARTMENT.

Medical Properties and Uses of the Cimicifuga Racemosa. By E. M. Brundige, M. D.—As an article of the Materia Medica, this plant is of comparatively recent introduction, and its medical properties seem hitherto to have been imperfectly investigated. Mild tonic virtues have been ascribed to it as well as the property of exciting the secretions of the skin, kidneys, and bronchial tubes. Emetic and cathartic operations are likewise said to have been produced by it, but I have never observed these effects; perhaps, because my doses have been too small, or the preparation chiefly used has been the alcoholic, and not the proof spirit tincture. Alcohol takes up from this root very little coloring matter, and perhaps it rejects something upon which its emetic properties depend. But of its narcotic principle it is a perfect solvent. The therapeutical effects that have been ascribed to this, in my opinion, would receive a ready solution on the supposition that it acts only as a narcotic. That it possesses this property to a considerable degree, can scarcely be doubted. It is a stimulant narcotic, in over-doses producing vertigo even to falling, from which the patient soon recovers. When any tendency to cerebral plethora exists, it is one of the worst remedies that can be used, never failing to increase headache and vertigo. In diseases depending upon innervation, it is one of the remedies. It is a very prompt and efficient remedy in many cases of

and irritable dyspepsia, in doses of grs. x of the powder three times daily. If it has proved decidedly useful in pulmonary cases, as has been asserted, it has probably been when the lung affection depended on irritation in the digestive organs. Its curative effects in subacute and chronic rheumatism is unquestionable. In the treatment of this complaint, as well as in neuralgia, it is often advantageous to combine with it as much colchicum as may be required to keep up sufficient action of the bowels. The tincture of hyoscyamus has been added with happy effect in cases of rheumatism, attended by unusual pain and irritation. A liberal application of the tincture to the surface, both in rheumatism and neuralgia, has been found very useful. Internally, the powder should be administered in grs. xx doses, three or four times a day. The quantity may be increased if necessary. In chorea, I have not seen it tried, but should expect it to exert a controlling influence. Parturient properties have been ascribed to it, and not without cause. As a means of increasing uterine action, it is far less energetic than ergot, but often a better remedy, since the energy with which ergot acts is frequently an objection to its use. In cases requiring but moderate aid, a teaspoonful of the tincture, given for two or three successive half hours, will, in a short time, excite steady and efficient action which usually lasts till delivery. As a means of detecting false labor pains, it is very valuable, as it soon arrests them, restoring to the patient comfortable and healthy feelings. The frequent vomiting often so annoying in parturition is immediately relieved by it, while the uterine action is increased.

The foregoing are, I believe, about all the purposes for which this article has been used, and are of themselves of sufficient importance to establish its character as a remedial agent. I am now about to present it in a new and far more interesting light, and to state facts to show that, in the treatment of one disease at least, it possesses most extraordinary powers.

I have been accustomed to see this remedy applied to the inflammatory diseases of the eye of the horse, as well as to inflammations in other parts, from early youth, with the most complete success, the inflammation subsiding in from twenty-four to forty-eight hours. In these cases, the decoction was used, the parts being kept constantly wet with it. Dr. Close, of Portchester, with whom I studied, first applied it to the human eye, and to him I am indebted for valuable statistics.

Ophthalmia, in its various stages and degrees, but especially in its recent and acute form, is the disease over which the cimicifuga has been found to exert an influence so decisive and so prompt, as to establish for it a claim of superiority over every other mode of treatment. By the application of two or three drachms of the tincture to the region of the eye, the disease has been overcome in twenty-four hours. Cures just as prompt and complete have often been made, not rarely and in a few equivocal cases, but constantly as often as the disease has occurred, and in its most aggravated forms. This has been done unaided by any other means, not even by a purgative, but solely by the application of this simple and apparently trivial remedy. To secure a result so desirable, a saturated alcoholic tincture of the dried root is indispensable. A weaker tincture will not succeed unless the quantity is considerably increased, and then the stimulus of the alcohol in sensitive persons is sometimes so great as to increase the disease, and thus prevent a cure. The proper quantity to be applied, when the inflammation is confined to one eye, is a drachm, and twice the quantity when both eyes are affected. It should be applied slowly and cautiously with a pencil brush, the eyelids being closed so as to prevent, as far as possible, the fluid penetrating between them. Should this occasionally happen, the temporary smarting will not be followed by any unfavorable effect. The

brush, when first charged, should be applied to the edge of the hair, at the greatest distance from the eye, passed entirely around it, approaching nearer as the fluid becomes exhausted, and finishing over the eyelids. This course should be repeated until the liquid is all applied, suspending the process now and then to afford the skin time to dry. The application should never be hurried, nor the surface to which it is applied too limited, but should comprise the forehead, temples, superior maxillary region, sides of the nose, and eyelids. Its application to so extended a surface is necessary, that all the nerves around the eye may be brought under its influence, and through their action on the blood-vessels, the circulation of the inflamed organ be restored to its normal state. In recent and not very severe cases one application is sufficient, but in more aggravated cases, it should be repeated after a lapse of two or three hours, and occasionally may be required the second day. In chronic cases, the application must be repeated for several successive days, although cases of five weeks' standing have yielded to a single application. In very old and especially chronic cases, the power of the remedy has been greatly enhanced by being used in conjunction with the ointment of iodide of potassium, the tincture being applied first, and the ointment immediately after. In cases attended with unusual pain and irritability, the addition of sulph. morph. grs. iv or v to the ℥j of the tincture, will be found very useful. When the skin about the eyelids is very red and sensitive, with a tendency to excoriation, so that from the stimulus of the alcohol the application can scarcely be borne, dissolving tannin grs. vii to xii in the tincture will immediately obviate the difficulty. The class of cases in which this remedy shows the most marked effect, is that in which the disease is of an acute form attended by great pain and intolerance of light. The first case to which this treatment was applied, was that of a little boy, who was lying in a darkened room with his eyes firmly closed, and unable to open them. On a forcible inspection, the sclerotic coat was seen gleaming through a flood of tears of a fiery red color. Extreme reluctance to submit so young a child to the usual treatment, induced the practitioner to try the tincture of cimicifuga, having previously witnessed its curative influence in some other forms of local inflammation. It was accordingly applied in the manner above described, and repeated in the afternoon. On calling the following morning, the mother of the little boy was leading him about the yard, his eye entirely cured. Results as striking as this have followed every case when a proper application has been made. I have never yet failed in a single case. Dr. Close, in a practice of five years, gives only one case in which the disease resisted its influence, and that yielded to the remedy after the usual depletory treatment, and in the village where he resides numerous cases occur.

In the purulent form of ophthalmia, but one opportunity has occurred in which I have applied it. Four cases occurred in a family, contracted from a colored girl who came among them, partially cured, from Bellevue Hospital. Three of these yielded, in about a week, to the daily application of the tincture. The fourth was very obstinate, confining the patient to a dark room for three or four weeks, but gave way at last to blisters to the back of the neck, and quinine internally. During the whole of this period the pain and suffering were greatly relieved by the external application of the tincture, applied at any time when the pain became more aggravated.

Should any of my medical brethren be induced to try this mode of treatment, I must insist upon the observation of the precautions above pointed out, both as to the strength of the tincture and the mode of applying it, and I would especially caution them against leaving the application to the patient or his friend. A properly prepared tincture must be used, the root having been gathered within six months.

A case of neuralgia successfully treated by cimicifuga, will close my observations on the use of this article. A young lady had been suffering for more than two years with this disease in the third branch of the fifth pair, for which, early in the disease, a sound molar tooth had been extracted, because the pain always concentrated there. The pain continued to return in daily paroxysms. The usual treatment was resorted to with but slight relief. The last article used was the tincture of the cimicifuga, in doses of a drachm, three or four times a day internally, the same being applied externally, about the same number of times. In three weeks, the pain had entirely ceased. Thirteen months afterwards, it returned on the opposite side of the face, and was effectually removed, in a few days, by the same treatment, no return of the disease having occurred for the last three years.—*N. Y. Medical Gazette.*

Hydrastis Canadensis in Gonorrhœa. By D. M. McCann, M. D., Martinsburg, Ohio.—As your excellent Medical Journal has for its object the diffusion of knowledge advantageous to the medical profession, permit me to call the attention of the profession through its columns to the use of Hydrastis Canadensis, (yellow root, orange root,) in gonorrhœa.

I am not aware that any of my brethren have ever used it in this affection, before myself. My experience, however, in the administration of it, though not extensive, is yet sufficient to warrant me in soliciting a trial of it by those having more opportunity of testing its curative power than I have. I have used it in several cases in various stages of the disorder, and in *every case* with the most satisfactory results; more especially with males than females. I was led to its use by noticing its well-known sanative properties over inflammations of mucous and epithelial structures, such as aphthæ of the mouth, &c. The ardor urinæ, and discharge of mucus, have been entirely suspended in every case in from twenty-four to seventy-two hours. In some cases I used the balsam copaibæ, in others injections of infusion of the hydrastis alone, but with about the same results, a perfect and *permanent* eradication of the disorder.

I have varied the strength to suit the case in its different stages, but as a general rule I have used about one drachm of the dried root to the pint of infusion—injecting a syringe-full three or four times a day.

I hope that some of the profession will give this article a fair trial.—*Ohio Med. and Surg. Journ.*

[About the time of our commencing the practice of medicine, ten years ago, our attention was called to the use of the infusion of yellow root as an injection in gonorrhœa, by a skillful and experienced physician of this city, Dr. U. E. Ewing. At his suggestion we employed it ourself, and with such good result, that we have continued, to the present time, to use it in cases in which astringent injections were indicated. A strong infusion of this root containing a small proportion of sulphate of copper in solution, forms one of the best injections for gonorrhœa we have ever used; and for some years after we had our attention called to it by Dr. E. we used it almost exclusively, preferring it to any other injection that we had employed. Of late years, however, we have used the solution of chloride zinc, not because of its most superior efficacy, but simply because it is more readily and conveniently prepared. We have tried nearly, if not quite all, the injections we have seen recommended for gonorrhœa, and we have no hesitation in giving the two already mentioned the preference. With the infusion of yellow root alone, or containing sulphate of copper in solution, and the solution of chloride of zinc, we think all the good may be accomplished in the treatment of gonorrhœa which can be gained by injections.

The formula for the infusion of yellow root, as directed by Dr. Ewing, which he has employed upwards of twenty years, is as follows:—

Pulv. Hydrastis Canadensis, . . .	Ounce i.
Aquæ Puræ, ...	Ounce viij.
	M.

Digest for several hours and strain.

To this Dr. E. is in the habit of adding sulp. cupri drachm i. We have directed this injection repeatedly in confirmed cases of gonorrhœa and gleet, and our own experience confirms the favorable report of its value which we received from Dr. Ewing ten years ago.]—*Transylvania Medical Journal.*

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A Case of Hæmoptysis treated by the Tourniquet. By G. P. Hachenberg, M. D., of Springfield, Ohio.—Several weeks since, in crossing the *Seven Mountains* in the interior part of Pennsylvania, I observed sitting by the wayside, a poor fellow who was laboring under a violent attack of hæmoptysis. He was an invalid in the company of a party of movers traveling towards the "great west." His friends were very much alarmed for his safety, and the urgency of his case was such as to demand immediate attention. Under this conviction and in the excitement of the moment I proffered my services uninvited; forgetful of the fact, that I had in my possession at the time, neither medical agents nor surgical implements. After a slight examination of the patient I proposed bleeding, and an immediate search was made by his friends for something to answer as a substitute for a lancet. But as nothing could be found among the effects of the company to serve our purpose, and as the nature of the case was such as to threaten a serious termination, I was obliged in the emergency to consider of some other method of alleviating the sufferings of the patient. As the hemorrhage continued, the symptoms indicated were a low temperature of the skin, weak pulse, rigor, cold perspiration, sinking, &c. "A jug of whisky" was the only thing in the form of *medicine* in the possession of the company, and for aught we knew to the contrary, the only thing for miles around. Hastily directing the patient to divest himself of his clothing, I urged his companions to make a copious application of the spirits to each of the extremities, accompanied by diligent friction. This was immediately followed by the application of a "field tourniquet" (made of handkerchiefs) to the superior portion of each extremity. In a short time the veins became visibly congested, and in less than fifteen minutes the hemorrhage ceased.—*Western Lancet.*

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A new Method of preventing Fats and Fixed Oils from becoming Rancid. By Charles W. Wright, M. D., of Cincinnati.—In company with one of the early settlers of this part of the United States, the conversation turned upon the history and habits of the Indians, formerly living in this valley, and among other things he mentioned the curious manner in which they preserved bear's fat from becoming rancid, of which the following is a brief account: In the early part of winter the fat is removed from the body of the animal and subjected to the *trying-out* process, as it is termed; that is, it is subjected to a degree of heat sufficient to coagulate and separate the azotized matter which subsides to the bottom of the vessel, and the oil is drained off. After this operation is completed, it is matter again with the bark of the slippery elm tree (*ulmus fulva*) finely divided, which may be used either in the fresh or dry state. The proportion is about one drachm of the bark to the pound of fat. When these substances are heated together

for a few minutes, the bark shrinks and gradually subsides, after which the fat is strained off and put aside for use.

The bark communicates an odor to the fat that is hardly to be distinguished from that of the kernel of the hickory nut.

Thinking this might be turned to account in the preservation of the fatty matters, I subjected many of them to experiment, and in every instance the result was alike successful. One specimen of butter (an article which is well known becomes rancid sooner than any other kind of fat) prepared in this way more than a year ago, is as sweet and free from disagreeable odor as the day it was made, having been exposed all this time to the atmosphere and changes of temperature.

Hog's lard may be preserved in the same manner.

This fact will be of much importance in the preparation of cerates and ointments, which can be thus protected from rancidity.

In the lubrication of delicate machinery, an acquaintance with this fact may be of benefit by preventing the injury that results from the use of rancid oil.—*Ibid.*

Eating Pork.—The New Hampshire Shakers have abandoned pork, as food, and they are not without good reasons for doing so. Moses understood the injurious effects of swine's flesh, which he learned of the Egyptians, and therefore interdicted it in his judicial character. The Egyptian priests, who were both philosophers and physicians, ages upon ages before the birth of the Jewish law-giver, had gained an insight into the constitution of man, which, transmitted through the Israelites, diluted and corrupted as it may be, still exerts a powerful influence on all modern systems of legislation. Whatever was unclean in the Mosaic catalogue of edibles, is still thought to be unfit for human food, with the exception of swine. It is an anomaly that the one article, more abhorred than all others in the Levitical code, should become a favorite dish with us American Gentiles. Scrofulous affections, if not generated, are thought to be aggravated by pork; and the measles has been charged to its use. The hog is omnivorous, and more uncleanly than any other animal domesticated for economical purposes—a fact in itself sufficiently strong to deter the Jews from using the meat. Let those who are possessed of the information, show how much more we suffer from certain cutaneous and glandular diseases than the people of countries where pork is not used for food. We never saw a single swine in the whole of Egypt or Syria. The old prejudice, or the ancient interdiction, appears to influence the public sentiment in those countries. With these views, we doubt not that the Shakers will be gainers in health, and perhaps in longevity, by eschewing pork. Lard oil and stearine, in domestic economy, are invaluable articles; and when the demand for them requires all the swine raised, it will be a happy circumstance for the people.—*Boston Med. and Surg. Journal*, Oct., 1851.

Cases of Asthma treated by the Iodide of Potassium. (Read at the September meeting of the Medical Society of Virginia.) By F. H. Deane, M. D.—I was induced to employ the agent by a statement given me by a clergyman residing in the State of Illinois. During a visit to this city two or three years before the statement just alluded to, I attended him in a protracted and violent attack of asthma. I found great difficulty in affording him even temporary relief, although every means were most perseveringly tried. He said, for the next two years after this attack his general health greatly failed, and the paroxysms of asthma were so frequent and obstinate, he was unable to preach oftener than one Sunday in three—life had become almost a bur-

then to him. In this state of things he was advised to try a sea voyage. He accordingly sailed for Liverpool—his sufferings were not relieved during the voyage or after reaching his port of destination. He was now advised to visit Dublin to obtain the advice of Dr. Stokes—he was under Stokes's care for many weeks, but did not receive the slightest benefit—so much so that Dr. Stokes advised him to try traveling for twelve months in the South of Europe. This was too inconvenient to him—therefore, he determined to return to his home in Illinois. On reaching home he was as great a sufferer as ever. He was now advised by a physician residing in his vicinity to try the hydriodat. of potash—he made use of the remedy, and found relief too immediately to leave any doubt as to the propriety of attributing his increased comfort to this agent—that whilst he had since been frequently threatened with a paroxysm of the disease, he had always been able to ward it off by a resort to this medicine. That his health had greatly improved, and he was now enabled to preach with a degree of comfort he had been a stranger to for so many years.

A short time after this narrative, I was summoned to see a youth fifteen or sixteen years old. I found him suffering from a severe attack of asthma. I was told he had been a great sufferer from this disease for seven or eight years—that during this time he had been under the care of three or four different medical men without experiencing any sensible improvement in his health. Some of his medical attendants regarded the affection as symptomatic of some heart affection. My own observations of the case did not verify this supposition. I directed him to take five grs. of the hydriodat. of potash every two hours—the next morning I found him relieved, and was told he was sensible of great relief soon after taking the second or third dose. He was under my observation for the next eighteen months, and during the whole of this time never had an attack of the disease. He was however frequently threatened with it, but had always been able to ward it off by resorting to this article.

The third case I will mention, is that of a married woman, aged thirty-five. For the last eight years she has always had an attack of asthma in the month of May. The other months of the year she enjoys uninterrupted health, and is not liable to cold, although frequently exposed to the vicissitudes of weather. I had the opportunity of attending her in one of these attacks. The disease was always ushered in by just such symptoms as those characterizing epidemic influenza—pain about the head and eyes, accompanied by incessant sneezing and most copious defluxions from the nose and eyes. These symptoms generally lasted three or four weeks, and were invariably followed by severe asthma lasting quite as long. In this attack I used a great variety of remedies, without affording any satisfactory relief. The following spring she was attacked in the same manner. Two or three days after the symptoms characterizing influenza had appeared, I was requested to see her. She was directed to take eight grains of the hydriodat. of potash every four hours. These symptoms were greatly mitigated during the next twenty-four hours; and after using the agent in this way for three days, they were so much relieved that she was directed to discontinue the remedy. Nitric acid was substituted. A few days after commencing the use of nitric acid, she was attacked by a severe paroxysm of asthma. The hydriodat. of potash was directed to be taken, eight grains at a time, every two hours. Before the ensuing morning she was relieved of all symptoms of asthma. She ascribes the return of her asthmatic symptoms in the month of May to the odor from flowers, as her house is surrounded by roses and other plants.

I have treated three or four cases besides these just related, with this

agent, and with results equally satisfactory. I presume it is unnecessary to give an account of them, as there was nothing peculiar in them. I regret that the cases I have mentioned are so imperfect in some important particulars. I allude to the circumstance that I have not informed the society upon the pathological conditions involved in either of my cases. This negligence is partly owing to the fact that when I commenced the use of this agent I had scarcely any hope that it would relieve my patient, and in the first two or three instances I was disposed to ascribe the relief felt to some natural change in the disease itself. Subsequent trials with the remedy convinced me that in this opinion I was mistaken. The cases I have reported, I think, at least ought to encourage us in further trials with the remedy. I am disposed to believe it will be found to be an agent greatly mitigating the paroxysmal features of the disease, and that it will lessen the distressing catarrh so often found existing between the paroxysms of the affection. To give weight to what I have said in relation to the relief obtained by my patients by the use of this article, I will merely say, until I used it in asthma I was disposed to regard it as destitute of medicinal value. I considered it almost as inert, as valueless as sarsaparilla. I had given it for a great variety of disorders, in larger doses too than its friends had ever dreamed of, and I had never been able to see any effect from it whatever. I never met with a patient who was quite sure that it increased any of the secretions or excretions of the body. 'Tis true I have never had much experience with it in the treatment of secondary syphilis—and here it is said its good effects are most conspicuously to be seen.—*Stethoscope*, Oct., 1851.

We would call the attention of the District Reporters and the profession generally, to the following circular of the chairman of the Standing Committee of the N. J. Medical Society. This committee has hitherto been much embarrassed in its operations on account of reporters and others not giving as much attention to the making out of reports as the subject deserves.—[Editor.]

To the District Medical Societies in the State of New Jersey.

The Standing Committee, appointed at the last meeting of the State Medical Society, anxious to make their report as full and interesting as they possibly can, respectfully invite from members of the profession generally, contributions and reports on those points particularly alluded to in the by-laws of the Society; viz.:—

1st. The nature and mode of treatment of any epidemic which may have occurred.

2d. Curious medical facts, discoveries, or remarkable cases.

3d. Observations on medical or philosophical subjects, either of a general or local nature.

4th. Any irregularity, neglect, or contempt of the laws, rules, and regulations of the State Medical Societies.

The committee would respectfully call attention, not only to the change of the time of meeting of the Society, but to the alteration in the laws, repealing the appointment of "*District Reporters*," and providing for "a reporter from each District Society, requiring him to report to the Standing Committee, on or before the 1st of January annually." The committee would, however, solicit those who may favor them with communications, to forward the same on or before the 15th of December, to Dr. J. B. Munn, Chatham, Morris Co., Dr. A. Coles, Newark, Essex Co., or to

JAS. PAUL, *Chairman.*

Trenton, N. J., *June 10th*, 1851.

THE

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TRANSACTIONS OF MEDICAL SOCIETIES.

Abstract of Proceedings of the District Medical Society for the County of Burlington.

A SEMI-ANNUAL meeting of the society was held in Mount Holly, October 21st, 1851, at the house of Wm. Bryan.

Members present. Dr. Longstreet of Bordentown, President.

Dr. B. H. Stratton,	Mount Holly.
" Zach. Read,	do.
" Jos. Parrish,	Burlington.
" D. B. Trimble,	do.
" F. Gauntt,	do.
" S. W. Butler,	do.
" A. E. Budd,	Medford.
" I. P. Coleman,	Pemberton.
" A. Elwell,	Vincentown.
" R. H. Page,	Columbus.

Dr. Read announced to the society that Dr. Job Haines, of Moorestown, our late secretary, had been removed by death; and moved the appointment of Dr. F. Gauntt, as secretary *pro tem.*, which was agreed to.

Dr. Longstreet announced that Dr. Joseph Cook, of Bordentown, had been removed by death, and, on motion of Dr. B. H. Stratton, a record of the fact, and the time of the death of our late fellow-members be made with the minutes of this meeting; and, on motion, Drs. Joseph Parrish, Zach. Read and A. E. Budd were appointed a committee to draft resolutions expressive of the sense of the society, on the subject of our deceased brethren; whereupon the following were submitted, adopted, and

the secretary directed to furnish to the families of each of the deceased, a copy thereof.

Whereas, our late member Dr. Joseph Cook having been removed by death, we hereby record upon our minutes, the following testimony of his character:—

Resolved, That we recognized in Dr. Cook a physician, faithful in the discharge of his active professional duties, firm in the support of our medical institutions, and ever ready to aid the cause of improvement in our science.

Resolved, That we hereby tender to his bereaved family, our sincere sympathy with them in their loss, and have much satisfaction in recurring, with them, to the fact that he was long a faithful servant of the profession; beloved by the community around him while he lived, honored, when removed by death, and his memory held dear as the common property of all who knew him.

Whereas, Dr. Job Haines, late secretary of this society, having been removed by death, we are reminded, by this unlooked-for dispensation of Divine Providence, of our duty to leave upon record the following testimonial of our appreciation of his character:—

Resolved, That we recur with pleasure to the fidelity with which our late secretary served this society, and to the high-toned, honorable principles which actuated him, in intercourse with his professional brethren, and that we are deeply sensible that in his removal, we have lost a faithful friend, and a firm supporter of our medical institutions.

Resolved, That our sympathies with his family, in their sore bereavement, are sincerely offered, with the assurance that we shall continue to cherish his memory, in the *spirit of the foregoing resolution.*

Dr. Coleman, the Vice-President, then read an essay upon revaccination, when, on motion, the thanks of the society were presented to him therefor, and a copy requested for publication.

The following gentlemen were appointed to attend the ensuing annual meeting of the New Jersey Medical Society, to be held at Trenton in January as delegates, to wit: Doctors A. E. Budd, D. B. Trimble, J. B. Coleman, and H. H. Longstreet.

Adjourned to meet at Campion's Hotel, on the third Tuesday of April next.

Revaccination.—An Address read before the District Medical Society for the County of Burlington, held at Mount Holly, October, 1851. By I. P. COLEMAN, M. D., of Pemberton, N. J.

GENTLEMEN: Although we are comparatively unacquainted with small-pox in the dreadful forms in which it has heretofore desolated the civilized world, yet its occurrence is so frequent, and its violence so great, as to claim an important consideration in medical nomenclature. Much indeed had the practice of inoculation mitigated the scourge, but infinitely more have the inductions of Jenner, disarmed it of its terrors. When introduced fifty years ago, vaccination was hailed as the best boon of medical discovery to man. Its work in the system was then supposed to be complete; an entire change effected, and perfect immunity from variolous affections the result. Subsequent experience has dissipated those brilliant anticipations. A generalization too hastily adopted, and too sweeping in its scope, led into error. Resting on unsound conclusions drawn from first appearances, the medical ranks were aroused by the cry of "another Richmond in the field." Thus far our experience teaches us that vaccination does, in many systems, effect such alterations as to render them insusceptible to the future operation of either the variolous or vaccine virus; but in many more, only a modification of condition is the result, leaving them still liable to future invasions of both varieties of the disease. Neither microscopic observation, nor chemical analysis has yet disclosed either the elementary principles of the virus, or the molecular condition of the system for which it has affinity. These aids of the science threw no light on the subject. No analysis of the solids or fluids can enable us to say whether an individual will, or will not, be affected by either virus. If the microscope

be the grand exponent of insanity, and the crucible of the chemist, continue its miraculous revelations of the arcana of nature, we may yet hope for a development of the elements of this subtle existence, and the knowledge of an agent to decompose it beyond the possibility of recurrence. With our present information on the subject, it is not to be supposed that I shall put controversy at rest. Neither do I expect it, but merely to call attention again to vaccination, and take advantage of the opportunity to contribute the fraction of my own limited observation to the mass of evidence already before us. This is our duty in these primary medical societies. The diversity of medical opinion on the value of vaccination, and the necessity for revaccination, with the signs adduced as evidence of security, is much to be regretted, especially on a subject upon which we are so frequently called to express a public declaration. Whilst one asserts that vaccination once well done is sufficient, of which the characteristic cicatrix is the evidence; another, that the protection is sure from infancy until puberty, and that revaccination is of but little account; a third affirms that it runs out, and should be repeated every seven years. The more closely our science approximates to exactness, and the more nearly the unanimity of medical opinion, the greater will be the public respect for our announcements. The fact being established (as far as appears), that vaccination affords entire protection in some cases, that small-pox occurs subsequently to vaccination, generally much modified, but sometimes confluent and fatal, with the additional fact that the security from secondary attacks is not greater after inoculation, but relatively as many cases do occur of equal severity and fatality, raises the question, What is to be done? Observe more closely the operation of the vaccine virus in the system, inquire more rigidly into the immediate effect produced in each individual case, and carefully test at intervals the ever varying susceptibility to the action of these poisons. The present Dr. Gregory, of London, of much hospital experience in small-pox, considers vaccination almost perfect protection until the age of puberty, when the liability returns, and revaccination affords but little subsequent security. He, therefore, with some

continental authors, recommends inoculation, as small-pox by inoculation after vaccination produces not a pustular, but only a papular eruption, invariably safe. On the other hand, the statistics of Bavaria and other European States show, that where vaccination is enforced by statute, small-pox in any of its modifications is almost obsolete. And we have abundant evidence in our own country of varioloid occurring at periods much in advance of puberty. The reliance on the characteristic sign of perfect vaccination, viz., the circular, depressed, and pitted cicatrix, will not do. We have able reports from American cities of experiments by vaccination, and observations on varioloid, affecting such cases as readily as when the character of the scar was doubtful. The local inflammation bearing no relation to the constitutional effect produced, the process of reparation in a small areola would be more rapid and leave a less definite cicatrix, while the security of the individual would be equally great. Is the immediate effect of vaccination complete in all cases? In some we *suppose* it to be. By whatever term we hail the operation in the system, whether fermentation, combustion, or specific, it does appear that some of the corpuscles for which the virus has affinity are beyond the sphere of its action, or that the nervous impressibility is not exhausted in all cases. A subsequent vaccination, in the short space of two or three months, will in some, cause the irregular inflammation, even where it had appeared to run its course well. The countless modifications of idiosyncrasy may ever cause exceptions to the application of a general principle, however sound it may be. In respect to specific diseases, as in the operation of vegetable and mineral poisons, some may have the pestilence that stalks at noonday, while others wither at its approach. The rhus toxicodendron may be used as a staff by one, while its most attenuated effluvium poisons another. Men have confronted the small-pox unscathed during the whole course of their lives. Others are contaminated whenever exposed to it. Such cases are exceptions, and own no allegiance to common laws. In consideration of the fact of a susceptibility to the action of the vaccine virus still existing *immediately* after the process of vaccination, a series of ex-

periments was instituted in New York within the last twelve or fifteen years. The process consisted in revaccinating within a few weeks of the original application, when many were found to be exempt from the action of the virus, some inflamed moderately, others badly. After an interval of some weeks, vaccination was again performed, and so on, each repetition diminishing the number of cases and their severity, until it ceased to make any specific impression. In one case it required the sixth application to exhaust the susceptibility. When the vaccine matter thus failed to produce any further impression, the patients were carefully inoculated for the small-pox, without causing constitutional disturbance in a single instance. The cases which have come under my own observation of revaccination within the year have given the same results, an irregular inflammation in some, others escaping. I have not tested by inoculation. The conclusions arrived at from the experiments just stated were, that the repetition had saturated the system, or destroyed the susceptibility to future impressions, and that perfect immunity was the consequence. It is to be feared, that however complete the *immediate* security may be, its permanency may be questioned. I am not informed whether subsequent trials in the above cases, after a lapse of ten or twelve years, have been made to test a renewed susceptibility. It is a question of interest. With one fact we are all conversant, that the variolous and vaccine virus will affect at a later period, those who had previously been impregnable. Confident in the security of inoculation and vaccination, persons have nursed the sick, and buried the dead with impunity. In after years, they have contracted the disease and died. Cases are constantly presented to us for revaccination, with the assurance that it is useless, as they were vaccinated in early life, and have frequently had it repeated without effect; yet, even in such cases, how often is quite an aggravated sore produced with decided constitutional disturbance! In my own person vaccination was done in infancy, leaving a perfect cicatrix, again in 1832, when a large inflammation followed. Since the latter period it has been re-applied every year or two without effect, until in the winter of 1849, when a phlegmon, headache, and loss of

appetite were the result, proving a renewed susceptibility. May not a similar result obtain with those who were the subject of the experiments to which we have alluded? Their security at no time could have been greater than that of those who inhaled the effluvia, and handled the persons of the infected, seemed to be, yet have taken it subsequently. As the first vaccination sometimes fails to saturate the system, and as the susceptibility may be renewed even after it has been in a state of security, it becomes necessary to repeat it at intervals. What the interval should be we cannot indicate positively. In the cases quoted, we have seen that in some an impression was made within a few weeks. Here the necessity for immediate repetition was imperative, for although the statistics show but few instances of varioloid occurring within five years, yet there is but little doubt that all such cases would have suffered with it if properly exposed. Varioloid supervening after a lapse of ten or twelve years is much more frequent. We are uncertain whether such cases have ever been in a state of entire security. They may have been of those whose susceptibility had not been destroyed by the first vaccination. It behooves us then to revaccinate in a few weeks or months, until we are assured at least of present safety. This will establish a period from which to determine the length of time for future susceptibility. In my own case, sixteen years elapsed between the second and third inflammations from the virus. These are questions eminently demanding the attention of the profession, and if properly investigated may yet throw sufficient light on the subject, to render varioloid a rare occurrence. Another element of public safety consists in vaccinating those who have been inoculated, for we know they are equally as liable to the varioloid as the vaccinated, and we have stated that the vaccine poison will produce inflammation in such with equal facility. It is true, the inoculated generation is passing off, yet enough remain, added to the annual immigration, to perpetuate the malady, especially in cities. In corroboration of these views, I subjoin a brief statement of the small-pox as it occurred in the Burlington County Poor House, in the winter of '48 and '49. Upon the admission of a confluent case into one

of the outhouses, I immediately vaccinated all who had not been, and revaccinated all who had been done previously. The whole number in the house was one hundred and ninety. About one hundred and thirty were vaccinated, the virus being good (said to have been but the tenth remove from the cow); all the original cases took well. The secondary cases were variously affected; some not at all, some slightly, others more decidedly, and with symptomatic fever. These results bore no relation to the original cicatrix, nor to the date of the antecedent vaccination. Two boys who had been vaccinated, one six, the other eleven years of age, fearing the operation, concealed themselves and escaped the operation at this time. The remaining sixty inoculated subjects protested against vaccination, being confident in their security. The stock of virus having been expended on the others, they were permitted to indulge their humor. The admitted case, a negro man, died. The only communication between the patient and the family was through the intervention of an Irishman, handsomely marked with the small-pox. In the usual time of incubation, this man had the initiatory fever, complained of having taken cold, was confined to the bed three or four days. Ten or twelve very pretty pustules made their appearance, and ran a rapid course to recovery. By this case the malaria was diffused through the house. Fifteen of the inoculated subjects were seized, several of them quite severely, presenting a fine crop of pustules, which passed through the stages of maturation and desiccation in nearly the specific time. In one aged patient it assumed the confluent form, and proved fatal. In one of cachectic habit, from intemperance, it was distinct; pustulation and desiccation were accomplished in a few days. He appeared to be doing very well when cerebral symptoms supervened, and he died suddenly. This man was familiar with the disease, had nursed, and assisted at the funerals of its victims. The only formidable cases were of this class. Of the vaccinated class, only twenty were affected with the premonitory fever, accompanied in some cases with the slightest variola variolosus; in others, pustules of the most ephemeral character. With the exception of the two boys who concealed themselves, none were

confined to their beds. They were both down several days, had a free crop of pustules, which ran a medium course, and recovered. These were the only cases of any violence in this class, and demonstrate the value of revaccination. They also show the necessity for early repetition, as one of the patients was only six years of age. We infer from this history that inoculation alone is unsatisfactory security, that vaccination once done is inadequate protection, but that its frequent repetition on both the inoculated and the vaccinated, may render the disease harmless, and that it is the duty of physicians to attend to it, for the safety of the people, the credit of the profession, and to secure to the illustrious Jenner an untarnished halo of glory.

District Medical Society for the County of Mercer.

THE quarterly meeting of the District Medical Society for the county of Mercer was held on Tuesday, the 25th October, at the house of Joshua English, in the city of Trenton, Dr. Robbins, President of the society, in the chair.

The preliminary and other business of the society having been gone through, Dr. Coleman read a paper "On Induration of the Pyloric Orifice of the Stomach." Dr. C's observations tended to show that such cases are often mistaken for dyspepsia, and may be treated so as to excite the inflammatory action subsisting in the first stages of the disease. He detailed some interesting cases—one, where the orifice was so contracted and indurated, that fluids only could find egress, and where the seeds of grapes had remained in the stomach from September until March of the following year.

Dr. Woolverton read a paper "On Inflammation and Closure of the Cystic Duct." This paper detailed in full the case of a young man, a boot-maker, who died in this city during the summer, in which the symptoms were so obscure that no correct diagnosis could be formed; on dissection, the cystic duct was

found closed, and the gall-bladder consequently distended with thickened bile resembling tar; considerable inflammation existed in the neighboring parts.

Still the cause of death remains somewhat unsatisfactorily accounted for. It does not appear that there were any of the usual symptoms of jaundice, which would have pointed out an obstruction in the gall-duct; and it was only on noticing the distended state of the gall-bladder, which revealed the closed duct, and which, although it may have revealed the *closed*, may not yet have been so impervious as not to permit the permeation of fluid bile along its course.

Dr. Coleman, who had seen the patient, considered that the closure of the duct might have depended somewhat on the pressure by the boot-tree, on that region, in the prosecution of his business.

Dr. Paul read some remarks "On the Statistics of Mortality in the State of New Jersey," and presented a table showing the ratio of deaths, and rate per centum, and the ratio of the births to deaths in the several counties of this State, constructed from the returns of births and deaths sent to the Secretary's office. (Dr. Paul's remarks will be found on another page of this number.)

Dr. John H. Philips made some interesting remarks on "Dysentery," as it has appeared in the district of country in which he resides. Dr. P. observed that he had had a large number of cases during the last summer, which, although of a tedious, might yet be considered of a mild character. That a few fatal cases occurred, and these were under peculiar circumstances—the subjects being either infants or old people; but in most of the cases to which he was called in time, he found the disease easily controlled by medicine, although the recovery was tedious. Dr. P. stated that this modified type of dysentery had before been observed as succeeding cholera. He had adopted a very similar treatment to that published by Dr. Parrish, and found it successful in giving ease, and controlling the disease.

In answer to a question, Dr. P. stated that, from the absence in some measure of tenesmus, he considered the disease affected other portions of the gut, and not particularly the rectum.

Dr. Robbins, in the absence of any essay or paper, made some remarks on "Scarlatina," and the success attending the treatment he now followed. Dr. R. stated that some eight or nine years ago, he was unsuccessful in many cases; but since he had adopted the plan of leeching the throat and administering ammonia in small doses, or the mindererus spirits, and using only gentle laxatives to keep the bowels open, he had certainly been successful in cases apparently as severe as those he had lost before.

Dr. Taylor, from memoranda, related the case of a prisoner in the State Prison, on whom he had operated for strangulated hernia. Having failed in reducing the hernia by the taxis, after repeated attempts, and the administration of tobacco injections, &c., he, assisted by Dr. McKelway, operated, the patient having first been put under the influence of chloroform. On the sac being opened, a large fold of omentum, and a knuckle of intestine, slightly discolored, was found and returned. The wound was closed and dressed; at a subsequent dressing, on the third day, the wound appeared healthy, and some portion of it united.

At a subsequent date, five days after the operation, erysipelatous inflammation appeared in a small spot, above the crest of the ileum, and near to the false ribs, which increased; and a large portion of the integuments lying over the external oblique and glutei muscles, extending to within two inches of the wound, sloughed; the patient lived thirty days after the operation, sank, and died.

There can be little doubt that the cause of the erysipelas in this case was the confined and unwholesome air the patient had to breathe, added to a frame already exhausted and debilitated by confinement as a prisoner. For, however eligibly the prison is situated and with large open corridors, yet no one can enter the wings without being oppressed in breathing. The air is too still, and, with every facility for ventilation, there requires a movement in the air to reap the benefit to be derived from it. This perhaps could be best accomplished by false chimneys at either end, built in the manner of an inverted funnel, causing a draught from the lower stratum of air, which would be thus renewed with the best effect to the general health of the prisoners.

The case of this patient would also point out the necessity of

having a well-ventilated and commodious room set apart, which in case of need, could be converted into an hospital; for although the prison has been hitherto healthy, yet in the event of typhus, or other depressing disease getting into the building, the chances of recovery would in many cases be doubtful. Had the patient in this case, had a healthy atmosphere to breathe, there is no reason to doubt he would have had a fair recovery after the operation—the wound was healing kindly, the natural functions were performed regularly, and a *post mortem* examination showed the intestine, although yet discolored, to be firm, and without lesion.

The days of meeting of the society were altered from the fourth to the *third* Tuesday in each quarter, so as not to conflict with the meeting of the State Medical Society to be held on the fourth Tuesday in January next.

Dr. W. W. Philips was appointed essayist for next meeting.

Statistics of Births and Deaths in the State of New Jersey for 1850. By James Paul, M. D., Trenton, N. J.

The returns sent to the office of the Secretary of State, from the various townships in the several counties of this State, with which I have been politely furnished, it is to be regretted are not only incomplete, but of so meagre a character as to afford little satisfaction to those interested in a subject which has engrossed so much attention of late years, and has in many instances introduced such sanitary reforms as may have conduced to a greater degree of health, and a consequent decrease in the mortality of the human family. It is not my intention to enter into any lengthened discourse on the "statistics of mortality," the want of detail in the present returns forbids that, and if I now detain you while I claim your attention to a few observations on an analysis of the returns before me, it will be more for the purpose, if made public, of inducing persons in the different

townships whose duty it may be to compile or send their returns to the Secretary's office, to be more minute and careful in future, than for any expectation of rendering the result of my examination of the present returns particularly interesting. Still, these returns, wanting in detail as they are, are not without their value; as by their means we are *comparatively* able to form an opinion of the degree of health enjoyed, and the average mortality in the several counties of the State. Of the correctness of these averages on the data given, I am the more satisfied, from the approximation of the ratio of deaths according to the returns transmitted, incomplete as they are, and the *census returns* transmitted to Washington, and published *as official*, the former showing the ratio to be 1 in 71, and that of the latter 1 in 75, making a difference only of 0.09 per centum.

The State of New Jersey is divided into 20 counties, and these are again subdivided into 185 townships, with a population, according to the *census* taken this year, of 489,333 souls. Returns have been sent to the office of the Secretary of State from 131 townships in 19 counties, having a population of 357,652; and this amount of population in 131 townships, we may observe, is in fair proportion to the former. The number of births returned in these townships amounts to 9963, and the deaths to 5040. The ratio of deaths to the amount of population being 1 in 71¼, or 1.41 per cent. and the ratio of the births to the deaths as (within a fraction of) 2 to 1. By the *census* returns, the number of deaths in the whole State amounts to 6467; and this too is in fair proportion with the above, giving a ratio to the whole population of 1 in 75¾, or 1.32 per cent.

This rate of mortality compares well with the larger cities of this land:—that of Boston being 1 in 45; Philadelphia 1 in 42.03; and New York 1 in 37.02; while Newark, in this State, gives 1 in 85, and Trenton 1 in 77.

Still, although the rate of mortality is lower than the cities just mentioned, yet it appears by the *census* returns that the rate in Pennsylvania is lower than that of New Jersey—the former being 1 in 81, or 1.27 per cent. of the whole population.

On reference to the statistical table, we find the lowest rate of

mortality to be in *Hunterdon county*, the deaths being only 1 in 100; while on the contrary Cumberland county gives a rate of mortality of 1 in 50. All the others range betwixt these two counties. Next on the list to Hunterdon stands *Mercer*, which shows a mortality of 1 in 95½ or 1.04 per cent.

It would be interesting, and add much to our information as connected with this subject, to have a *topographical* description of each county—giving the general character of the face of the country—the nature of the soil—if swampy—and whatever may add or interfere with the general health in any locality. Taking a geographical view of the counties, from north to south, we find as little difference in the ratio of deaths as in the alphabetical arrangement used in the returns.

Of the ratio of births to deaths in the State, we find it to be within a fraction of 2 to 1. Of individual counties, Mercer, Salem, and Warren, show a ratio as high as 3 to 1; while Passaic on the other hand, shows a ratio of 1¼ deaths to 1 birth. This we are inclined to think is not correct—we only remark from the returns now before us, which we have already said, we consider most incomplete in every respect.

Upon the whole the returns, however incomplete, may be considered so far satisfactory, as affording us a comparative view of the mortality in each county, and we can only hope that the present analysis will urge the necessity of, and result in more correct returns for the future. The law requiring these returns is perfect enough, and perhaps the only alteration for the better would be the substitution of a Registrar, who might devote more attention to getting in correct returns from the various counties and townships, than can possibly be expected to be done, considering the multifarious duties attached to the office of the Secretary of State.

(The details of the analyses of the several townships in the various counties, we have omitted—being too incomplete to be satisfactory.—J. P.)

Table showing the rate of mortality, and the ratio of births to deaths, in each county, in the State of New Jersey, constructed from the returns sent to the office of the Secretary of State for the year 1850. By JAMES PAUL, M. D. Trenton, N. J.

Counties.	No. Townships in each County.	Population of each County.	No. Townships sent returns.	Population of Townships returned.	Births in ditto.	Deaths in ditto.	Ratio of deaths.	Rate per centum.	Ratio of births to deaths.
Atlantic	5	8,960	4	6,906	194	92	1 in 75	1,33	2 to 1
Bergen	8	14,884	4	7,752	195	85	1 in 91	1,10	2¼ to 1
Burlington	15	43,203	12	34,645	1050	554	1 in 62⅜	1,60	2 to 1
Camden	8	25,422	6	21,278	689	416	1 in 51⅐	1,96	1⅝ to 1
Cape May	4	6,432	3	4,789	159	60	1 in 78	1,25	2½ to 1
Cumberland	10	17,189	8	13,699	639	277	1 in 50	2,	2½ to 1
Essex	14	73,944	13	72,048	1908	964	1 in 74¾	1 in 33	2 to 1
Gloucester	5	14,655	4	11,426	295	187	1 in 61$\frac{1}{10}$	1,64	1½ to 1
Hudson	6	21,810	No return.						
Hunterdon	13	28,981	8	16,643	224	165	1 in 100⅗	1,	1½ to 1
Mercer	9	27,988	7	23,794	722	249	1 in 95½	1,04	3 to 1
Middlesex	7	28,624	6	18,442	536	357	1 in 51½	1,94	1½ to 1
Monmouth	12	30,288	8	23,926	619	265	1 in 90⅝	1,10	2⅓ to 1
Morris	11	30,134	9	23,380	525	265	1 in 88¼	1,13	2 to 1
Ocean	6	10,032	4	5,966	206	78	1 in 76½	1,30	2⅝ to 1
Passaic	6	22,552	4	18,070	264	326	1 in 55⅓	1,80	1 to 1¼
Salem	10	19,467	5	9,125	344	109	1 in 83⅚	1,19	3 to 1
Somerset	8	19,561	7	16,363	425	233	1 in 70¼	1,42	1⅘ to 1
Sussex	13	22,988	9	16,580	500	205	1 in 82⅖	1,23	2½ to 1
Warren	15	22,356	10	12,840	449	153	1 in 84	1,19	3 to 1
Total	185	489,333	131	357,652	9963	5040	1 in 71¼	1,41	2 to 1

Deaths according to the census returns 6467.
Ratio of deaths to the whole population 1 in 75⅔.
Rate of deaths per cent. 1.32.

Notice of Cumberland County Medical Society, with a brief account of the Proceedings of its late Semi-Annual Meeting.

[THIS Society was first organized on the 8th of Dec. 1818, and continued in existence until 1830, when it was allowed to expire. Twenty-two names are affixed to the old constitution, and of these not more than half are now living. Dr. Ebenezer Elmer, of revolutionary memory, was its last president.

The Society was reorganized Nov. 28th, 1848, and is now in a flourishing condition. We trust that medical men in this county are but upon the threshold of the benefits which accrue from organization.]

The committee (Drs. E. Fithian and Wm. Elmer), delegates to the American Medical Association, presented their report, and it was resolved: that they receive the thanks of the Society, and the report be placed on file.

The delegates to the New Jersey State Medical Society reported that none of their number attended the last meeting.

Resolved, That the time of annual meeting be changed from the last to the first Tuesday in April, in order to appoint delegates to the American Medical Association, in time to reach its remote place of session.

There had been no general epidemic since the last meeting. Dysentery prevailed in two sections of the county, in one of which it was severe and fatal, with a typhoid tendency.

Dr. Elmer read to the Society several cases of ingrowing of the nail of the great toe, and their successful treatment by the application of tannin and lint.

Dr. Buck detailed a case of scirrhus of the pyloric orifice of the stomach, and an account of the post-mortem examination.

Dr. Joseph Sheppard, of Bridgeton, was unanimously elected a member.

J. BARRON POTTER, *Secretary.*

BRIDGETON, *Nov.* 1*st*, 1851.

Prevalence of Quackery in America.—By JAMES H. STUART, A. M., M. D.

IN glancing at our country as compared with others, we are compelled, however reluctantly, to admit that, though incomparably better in most respects, she is yet in some, lamentably worse. Among these latter, rises preeminent the hydra head of quackery. In no other country has this body and soul destroying crime reached such awful and impudent power. Turn where you will, from the magnificence of the large city to the humility of the country village, quack advertisements, often of the most nauseous and disgusting kind, stare you full in the face. Broadsheets are printed and forced into your very houses, whose lightest word is sufficient to sully a pure soul. The young are informed of vices which their imagination perhaps never conceived of before. The most private and shocking diseases are shamelessly paraded; and fools of both sexes are found publishing confessions of having been cured of disorders, to even a knowledge of which, modest persons would never own. Mere boys and girls read these polluting developments with an avidity only equaled by their eagerness for that literature, which law has made it penal to circulate. Mock "physiologies," &c., are issued to delude the unwary, and entrap them into those very vices which they pretend to defend them from.

Now why is all this? Why is it that a man cannot bring up his family in innocence and purity without the interference of these vile poison venders, some of whom rear palaces on the profits of their atrocious trade, and others send their children out with brazen face to associate on terms of equality with those of honorable lineage? Should not their origin render them forever outcasts; the "Pariahs of society," exiles to an eternal Coventry? Part of the cause of this is to be found in the progressive spirit of our country. As in all new countries, the go-ahead disposition still prevails to a great extent with us. Consequently, proper division of labor is not yet established. Men grasp after the universal, and each individual seeks too anxiously to know and

do a *little* of *everything*, ever to do anything *well.* The result of this, is a deficiency, among other things, of *thoroughly educated* physicians, and a great superabundance of ignorant and conceited ones. Medical men are too much addicted to "making money," and care too little for the elevation of their profession. There are double the number of men *nominally* in the profession than can ever obtain even a beggarly support from the respectable practice of it. Consequently, as no man will willingly starve, they direct their attention to other means of accumulating wealth, and neglect their professional cultivation, which at once opens a door for the real unmitigated quack to enter by. Or, still worse, they prostitute the little medical knowledge they have to the vilest of purposes, issuing such advertisements as "Dr. ——, having directed his entire attention for some years to private diseases, challenges all competition," &c., or "Dr. ——'s celebrated cough medicine, the only one of any utility," &c.

O. W. Holmes has hit this off admirably. "Dr. C.

> May be consulted for lifes various ills,
> And also sells the patent Pickwick pills;
> Teeth are extracted. He will likewise vend,
> That well-known ointment termed the loafer's friend."

I quote from memory. Perhaps there never was a period in the world's history, at which human credulity and absurd gullibility were so conspicuous as at present.

The history of delusions in past ages seems to have no effect whatever in suppressing credulity at present. People will laugh derisively at the advocates of the Cocklane ghost, and then turn with fond belief to the yet more absurd Rochester Rappings. They will wonder at the gullibility of those who had faith in Sir Kenelm Digby's vulnerary powders, and then with implicit confidence swallow some infinitesimal oyster shells, to cure a brain fever. The efficacy of the "King's touch" for scrofula, excites their compassionate wonder, yet will they take Cayenne pepper for acute gastritis. O humanity, humanity, how great, how small, how wise, how foolish thou art! All are willing to pull motes from a brother's eye.

"Oh wad some power the giftie gie us,
To see oursels as ithers see us."

Our country is essentially a money making one. Time is occupied in *accumulating* wealth, but very little in spending it. Let a man only *succeed* in his attempt to "gather gear by every wile," no matter whether "justified by honor" or not, and he is almost universally respected. Nothing is despised by which the great object is attained. Men are very anxious to punish a robber, for he takes *forcibly* from them their hard earned gains. But the quack steals so indirectly that they are scarce conscious of the theft. They consider his trade a business one, and regard their intercourse with him as a struggle of cunning. No one desires to suppress his vile trade by law, for each individual supposes himself sharp enough to escape from his clutches, and, as each is successively outwitted, he maintains a discreet silence, lest he should be *known* for a fool. All the quack's *successes* are bruited abroad, because the one who speaks of them feeds his own vanity by showing the extraordinary intelligence which actuated him in employing the charlatan. His failures either occupy nameless graves, and "dead men tell no tales," or halt through life in sullen silence, for it would do no good to warn others, and human nature leads them to smile grimly, as one after another drops into the same trap which caught them. The leniency of the law is a great cause of quakery; but I cannot consider that a decided evil, so long as innumerable medical schools send out hundreds of ignorant doctors annually, a diploma cannot be considered a proper criterion of ability. Hence any law discriminating *merely* between graduates and non-graduates would be unjust. A *radical* change must be made, or none at all. It is unfair to say to one man, You have not had means for a collegiate education, *therefore* you shall not practice; and to another, You *were* able to buy a diploma, therefore you *shall.* Perhaps the main cause of quackery is the want of union among educated medical men. Instead of joining together to suppress all irregular practice they are much more apt to be engaged in decrying each other, either directly or by knowing looks and innuendoes.

People soon remark this, and naturally think, If these men have not confidence in each other, how can *we* confide in them? They are distracted how to decide among so many conflicting interests, and too often betake themselves to quackery for relief, as the soul tossed about in the sea of polemic theology, too often seeks rest in the dark abysses of infidelity. There is also a want of moral honesty too prevalent in the profession. Physicians will resort, almost unconsciously, themselves, to petty tricks, which a moment's reflection would assure them are highly reprehensible. For instance, they will assume infallibility, and pronounce positive opinions on subjects of which it is really impossible to be certain. These opinions, of course, often prove fallacious, and the community, deceived and disgusted, turn to the mountebank, who promises the most ridiculous things, with a feeling that they are not *much* more likely to be cheated by him than by educated men. Medical organization has done much, and, let us hope, will yet do more for the suppression of quackery; but is not as efficacious as it might, and ought to be. For the prevalent opinion regarding it is that it is undertaken, not for the good of the community, but for the private advantage of the individuals associated together, and to put down certain others whose interests are inimical to theirs. And no pains is taken by us to change this opinion. No means are used to convince the laity, that scientific physicians unite, *not* to put down, but to build up, not for the further degradation of those who are too low already, but merely to separate from, and declare their non-identity with them. We think these few causes are the potent ones of quackery. Now what can be done to effect a cure? Were it possible, it would be a good experiment for all respectable physicians to cease practice entirely for a year or two. The massacres committed by quacks would then be fully evident to everybody, and many of them would undoubtedly expiate their crimes by lynch law, victims to the rage of those whose friends they had murdered. But, on the return of educated men to practice, a new race would of course arise, perhaps worse than the former. If the whole community could be well educated, it would suppress quackery. But that is impossible. I see no

other way, then, but quietly and firmly to continue the great work of reformation in the slow but sure course it is now taking; to improve ourselves, to increase the stringency of our organization, and then, having thus done our duty, to leave the responsibility of their own actions with the people themselves. Those who have sense enough "to discern the evil from the good," will profit by their discrimination, and it will not be *our* fault, if those who have not, *die* in their ignorance, perhaps after having been beggared by their gullibility, to have inscribed for their epitaph,

"—— He died a codger powny's death,
At some dike side."

ERIE, PA., *Nov.* 1851.

BIBLIOGRAPHICAL NOTICES.

Medical Lexicon: A Dictionary on Medical Science, containing a Concise Explanation of the Various Subjects and Terms of Physiology, Pathology, Hygiene, Therapeutics, Pharmacology, Obstetrics, Medical Jurisprudence, &c., with the French and other Synonymes; Notices of Climate, and of Celebrated Mineral Waters; Formulæ for Various Officinal, Empirical, and Dietetic Preparations, &c. By ROBLEY DUNGLISON M. D., Professor of Institutes of Medicine, &c., in Jefferson Medical College, Philadelphia. Eighth Edition, revised and greatly enlarged. Philadelphia, Blanchard and Lea, 1851.

IN this work, nine hundred and twenty-six closely-printed pages, with double columns, are presented to the student, containing in the neighborhood of *fifty thousand* terms used in medical nomenclature. The rapid progress in the science of medicine, which characterizes the present day, demands additions to our medical terminology, with which the physician who desires to keep pace

with the times must acquaint himself; and we know of no other complete source of information than Dunglison's *Medical Lexicon.* While it is a good dictionary of terms, it affords a glance at their medical relations, and in fact is an epitome of general medical literature. It should be the companion of every student. Of its typographical execution we need only say, that it is worthy of the book, and creditable to the publishers. Blanchard and Lea, Philadelphia.

Cox's Companion to the Sea Medicine Chest, and Compendium of Domestic Medicine, particularly adapted for captains of merchant vessels, missionaries, and colonists; with plain rules for taking the Medicines; to which are added directions for restoring suspended animation, and method of obviating the effects of Poisons. A plain description of the treatment of Fractures and Dislocations, and a concise account of Asiatic or Spasmodic Cholera. Revised and considerably enlarged, by R. Davis, member of the Royal College of Surgeons, assisted by some of the most eminent physicians and surgeons of the day. First American, from the thirty-third London edition. New York, Samuel S. and William Wood, 261 Pearl St. 1851: pp. 216.

We are glad to see an American re-print of this practical little book. It is intended for the use of the non-professional, and hence is not cumbered with technicalities. It is just such a volume as ought to be in the hands of the traveler by sea or by land. Its first division contains a full account of the principal medicines in use, with their qualities, doses, &c. The second, is a surgical department, in which are described the common dislocations and fractures, with directions for their treatment, in the absence of professional aid. The medical department points out, in an easy style, the mode of treating ordinary diseases, such as are liable to occur to the traveler. To all this is added

a scale of doses, an alphabetical list of drugs referred to in the works, and a list of the medical terms used, with explanations, together with a general index, and a description of articles for the medicine chest, as glass measures, spatulas, &c.

Surgical Anatomy. By JOSEPH MACLISE, Surgeon. With colored plates. Philadelphia, Lea & Blanchard, 1850.

SUCH is the modest title of the most admirable surgical atlas we have ever seen. To the practitioner who is removed from schools, and hence deprived of demonstrative dissections upon the human subject, the atlas before us is an invaluable companion, containing over sixty large and handsomely colored plates, together with more than one hundred and fifty double-columned pages of printed matter.

Not only are the relations shown between the internal and external parts of the body, but between the organs themselves and the blood-vessels, nerves, &c., which ramify through and around them; as well as a description of the most important operations, among the more valuable of which to the general practitioner, are those which demonstrate the origin and progress of the different varieties of hernia, the true method of diagnosticating between them, and the modes of operating for their relief. We would also say that the surgical dissections of the male bladder and urethra, as exhibited by the plates in this work, showing, as they do, the various forms and positions of strictures and obstructions, false passages, and the pathological deformities, with the different modifications of prostatic disease, are worthy of special notice.

The importance of anatomical illustration, to the country practitioner especially, is almost incalculable. A well-delineated demonstration properly colored, and occupying its true relative position, teaches the understanding with almost as much clearness as the more tangible evidence furnished in the real subject;

and where the latter cannot be had, the former is indispensable. We say then to the faithful observing student and physician, that a lucid development of the human organism in its most important relations to surgical anatomy, may be found in the work before us. It offers, in our opinion, the best substitute for the scalpel and dissecting room, within our reach.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, from August 5th to October 7th, 1851, *inclusive.* We had intended to furnish in this number a somewhat extended notice of the last issue of the *College of Physicians of Philadelphia*, but for want of space must defer it till our next.

The Scientific American.—We have received several numbers of this valuable periodical, and are glad to welcome it in exchange. It tells of improvements in science and mechanics, is the "advocate of industry," and will be a cheerful companion for those who have a taste for the practical and the *progressive.* It is published weekly at 126 Fulton St. New York, for $2 per annum. Some of our country friends, who are fond of agriculture, will find it useful; for, though we have not read in it how to make dyspeptic pills, we could soon learn to cure a sour soil, from its pages; and, for this reason, it would be as appropriate for the library of the farming doctor, as Wood and Bache.

The first volume of *Pereira's Materia Medica* (new edition), just issued, was not received in time for notice in this number. It shall receive attention hereafter.

EDITORIAL.

Our next Annual Meeting.

According to the original charter, our old and honorable Society met annually at New Brunswick for nearly fourscore years. During that period, many worthy names have been registered on her roll; many bright examples of virtue and fidelity have grown up within her gates, and left behind them, as they have found their way to the rewards of the good—fair, and delightful names, around which lively memories cling, with the hope that we who remain, may perpetuate their virtues, and honor the zeal with which they maintained the dignity and beauty of our calling. The time has surely come when we have need to be on the watch; when we should employ all our resources, not so much to the exposure of quackery, as to the renovation of our own ranks; and we look forward to our ensuing annual meeting to be held at Trenton, as an era in the medical history of New Jersey, which shall be the commencement of better times. The profession of our State needs to show itself; and this is all that is needed to ensure permanency and efficiency to our institutions. The talent and experience of physicians are, as a general rule, made available only within the limits of private professional life. Hundreds and thousands of important truths, and it may be, discoveries in medicine, are hidden in the breasts of private practitioners, which of right belong to all, while the property of one, is by the terms of our union, the common property of the whole brotherhood. Let us throw it all into a common stock, and the truth will grow stronger and stronger in the public mind, that our compact is not a close or secret means of advancing private ends, but a free and flowing stream, upon which is borne the hope of good to all. Nature has opened her wide domain with a bountiful hand, and bidden her servant, Science, cull from her fields and forests; her mines and rivers; her waste places and fruitful

gardens; all that will contribute to the health, strength, and prosperity of our race. The physician is professedly a votary of science; let him gather what he can, and bring in all his "tithes to the storehouse," and men borne down with infirmity and disease will, of *necessity*, confide in his judgment, and seek his counsels. If we do our duty, the charlatan cannot succeed. If we cultivate the field allotted to us as we ought, we shall gather the fruit, and our profession stand where it once stood in the eyes of the community. Let the various important committees prepare themselves with good reports, and our first annual assembly in the State Capitol will be worthy the profession, and aims of our Society, and tend to the general good. For the time of meeting, see advertisement of Recording Secretary.

Death of Dr. J. Kearny Rodgers, of New York.

This mournful event has already been announced through the journals of the day; but there seems a propriety in devoting some space in the *Reporter*, in tribute to the memory of a man so widely known and universally respected by the profession, as was he whose name is above mentioned.

Dr. J. Kearny Rodgers was the eldest son of Dr. John R. B. Rodgers, of New York, who was a surgeon in the 1st Pennsylvania Regiment during the Revolutionary War, and subsequently health officer at the Quarantine at Staten Island, and Professor of Obstetrics in the College of Physicians and Surgeons in New York.

Dr. R. graduated at Princeton College in 1811, and subsequently studied medicine with Dr. Wright Post, of N. Y., and such were his accuracy and scientific attainments, united with skill in anatomical examinations, that Dr. Post selected him, young as he was, as his demonstrator. He graduated in 1816, and immediately went to Europe and spent two years in London and Paris, chiefly in the former city, where he attended the lectures of Sir Astley Cooper, Mr. Benjamin Travers, Abernethy, and Houghton.

After his return, he established himself in practice under the auspices of his father, and instructor, and directed his attention more particularly to surgery, for which he had so particularly fitted himself, and for which his nicety and skill, as well as thorough scientific knowledge, made him so fully qualified. In 1820, in conjunction with Dr. Edward Delafield, he established the Eye Infirmary (now in Mercer Street), where some 2000 patients are annually treated for diseases of that delicate organ.

In 1828 he was appointed one of the Surgeons of the City Hospital, which post he occupied up to the time of his death.

In the winter of 1842, Dr. Rodgers performed an operation before the Medical Society of New Jersey at Somerville. The patient was a little girl of ten years of age, and the operation was the removal of a fungus which had entirely surrounded the right eye. Those who were present on the occasion will remember the delicate skill and entire coolness, with which the operation was performed.

His great operation was performed in the New York City Hospital about six years ago upon a sailor, and was for aneurism of the *left* subclavian artery. The operation of tying this artery had been tried by Sir Astley Cooper and other eminent surgeons, but they had failed, and it was left for an American surgeon to accomplish that which had never before been performed. The operation was successful, and in a very short time the whole medical world was congratulating him upon the happy issue of this great trial. The patient died in about twenty days after the operation had been performed, from another disease supervening. A dissection took place, and the result of that dissection now remains in the museum of the Hospital a monument of the skill and scientific attainments of Dr. Rodgers.

He never published anything save notes of cases. "He was not a writer, as he had never been a theorist. Eminently practical in his habits and his tastes, he rejected the merely speculative for the demonstrative, and the theory for the result. His name will stand high, not for discovery, not for theory, not for discussion, but for his uniformly successful career as an operator, in even the most critical cases."

His valuable pathological and anatomical collection he has left to the College of Physicians and Surgeons—his Alma Mater.

Dr. R. in his personal character was no less admired than for his professional abilities. Of sterling integrity, of a noble and generous mind, tender, sympathizing, sincere and earnest, his friends were friends always. He was extremely conscientious, and being so, he was eminently honest, in the professional sense of the word; as an operator, never disguising the truth when its utterance was required. He will long be remembered by his personal friends, and his professional brethren will cherish in their heart of hearts the memory of John Kearny Rodgers.—N. S.

TO CORRESPONDENTS.

We acknowledge the receipt of the following communications, which will receive early attention: "Case of Imperforate Anus, Operation," &c., by Charles Dunham, M. D., Bordentown, N. J. "Who can Name it?" by William L. Challiss, M. D., Moorestown, N. J. "Lead Poisoning," by C. H. Cleaveland, M. D., Waterbury, Vt. A "Case of Fracture of the Skull, with Loss of a portion of the Substance of the Brain," by James C. Fitch, M. D., Hope, N. J.; and "Report of a Case of Monstrosity," by J. B. Potter, M. D., Bridgeton, N. J.

ECLECTIC AND SUMMARY DEPARTMENT.

Occlusion of the Os Uteri. By E. G. Mygatt, M. D.—On the 31st of August last I was called to see Mrs. ——, aged 40, of the sanguine temperament, and a good constitution, in labor with her first child. She had lived with her first husband twelve years and with the present one eight, and this as she informed me was her first pregnancy. The pains were short, with long intervals. An examination showed the uterus to be high up and the os uteri not reached.

In the course of twenty-four hours the pains had become strong and frequent, recurring every three or four minutes; patient vomiting occasionally; free from headache or febrile excitement; pulse quiet; skin of the natural temperature; said she felt the motions of the child. Examinations now showed a round, soft, smooth, imperforate tumor or sac. It was soft and

fluctuating in the absence of pain, very easily carried before the finger as far as it could be introduced, but dense though elastic during pain, and brought within half a finger's length of the vulva.

On the morning of the next day, Sept. 2d, my friend Dr. H——, who has been above thirty years in practice, was requested to see my patient. He, however, found himself as much in the fog as I had been, as no trace or resemblance of an os uteri could be found.

As there was no rigidity of the presenting part, and only a slight acceleration of the pulse, we did not bleed our patient, but agreed to empty the bowels, keep her quiet, and see what time would develop. Thus passed another twenty-four hours, when we called in consultation Dr. S——, an experienced practitioner, who made an examination without knowing our opinion. He informed us that he was unable to find an os uteri.

As the strength of the patient remained good, and the fœtus not impacted, it was agreed to quiet the pains with morphine and mitigate her sufferings with chloroform, and wait further time.

The pains were now irregular, occurring with force and then ceasing altogether for hours. I had previously instituted a thorough examination with the index and middle fingers introduced, changing hands that I might ascertain with certainty that the vagina was attached to the presenting part all around. Perhaps it may not be quite orthodox to use or recommend the introduction of the middle finger along with the index, but where the os uteri is high up or far back we may gain at least half an inch in this way without any inconvenience to the patient. It enabled me in this case to ascertain that no part of the child engaged fairly in the superior strait.

I had noticed in my examinations a slight sulcus or groove about half an inch long on the lower portion of the presenting part. It felt something like a depressed cicatrix, apparently solid and impervious, whilst the surface immediately around it was as smooth and soft as any other portion.

On the morning of the fifth day the use of the vaginal speculum was proposed, that we might bring it to bear upon the little furrow, and ascertain its nature; this was objected to on the part of the patient.

During the afternoon of the same day the pains were strong and propulsive, and while we were consulting as to the necessity and propriety of an operation, we were notified that something was passing. It appeared to be a fluid without much fetor, resembling bloody pus. Some six or eight ounces passed during half an hour. I now sat down to my patient and pressed rather firmly on the sulcus during a pain with the point of my finger, when to my surprise and delight the adhesion gave way and permitted my finger to pass the hitherto occluded os uteri; the pains were now effective; dilatation rapid; the breech presented, and a still born child of the average size was delivered about two hours after the opening of the os uteri.

Nothing unfavorable has occurred since her delivery, but she has had a good "getting up," better than the average of cases.

All the evidence that could be gathered respecting inflammation of the os and cervix uteri is that she suffered rather more than is usual from dysuria during the early part of her pregnancy, and the husband informed me that sexual intercourse had been quite painful to her.

If we had made an early and free incision through the presenting part of the uterus, we should have been justified by good authority, and there is some probability that we should have saved the life of the child. It is, however, quite uncertain whether it would have been as well for the mother unless the incision had traversed the exact line of the closure.

As this is a rare case, so rare indeed that Dewees, Burns, Denman, and

others of great experience and observation, had never witnessed it, I judged it worthy of record in some Medical Journal.—*North-Western Med. and Surg. Journ.*, Nov. 1851.

Some Remarks on a Case simulating Apoplexy. By J. W. KING, M. D.—A colored woman, about fifty years of age, was suddenly attacked, while in the performance of her accustomed duties, being a cook, with a *fainting fit*, and fell speechless on the floor. On reaching her room, to which I had been summoned in haste, I found her lying on a pallet, her head thrown back, as if laboring for breath, speechless, pulse weak, and unusually slow, and laboring; skin cool. Learning from her mistress, that she had complained of some pain in the head, and vertigo just before she fell, I immediately corded her arm and drew twenty-four oz. of blood. She had been subject to sluggish bowels; prescribed a mild cathartic; there was a *deadness* in one arm and shoulder, which remained for a short time after the attack passed off, which was in a few hours.

A few weeks afterwards was called in haste to see the same patient in a similar attack;—there had been slight twitching in one arm, with *deadness*, accompanied with some train of symptoms as in the former attack, save in a milder degree; complained of heaviness about the head. Bled her again from the arm. The day after, there was a recurrence of the same symptoms, with more decided twitching of the forearm, and some degree of *deadness;* each successive attack seemed to be milder—the apoplectic symptoms less prominent, and an increase of the nervous disorder. Very lately I was called to see her again, threatened with the same symptoms. At this period I was led to suspect that I had probably erred in my diagnosis. Bled her moderately. Prescribed pills of blue mass and aloes to be taken every other night, and cups to the back of the neck daily, for three mornings, and afterwards every other morning till a further change in the symptoms. June 17th.—Decided improvement; copious dark stools from the pills; rests well at night; head quite *easy;* slight numbness in the right hand. June 19th.—My patient is much improved; bowels still discharging offensive bilious matter; numbness in the hand very slight. This course of treatment was persevered in, and the patient discharged in a few days cured.

This case occurred in the Spring of 1848. Up to the 1st of January, 1851, her health has been good. I have copied the above from notes taken of the case, at the time of its occurrence, with no intention or expectation of submitting it to the profession. The reader will observe that, in the first instance, I regarded the symptoms as apoplectic purely, and proceeded accordingly in the treatment. From subsequent observation, I was led to refer the cerebral disturbance to the torpid condition of the bowels and liver, and treated the case accordingly. The frequent relapses which occurred previously, and the speedy and permanent relief of all the symptoms, from the use of the blue mass and aloes, confirmed me in the latter view of the case.

This is one of many similar cases, which are met with in private practice, especially during the latter part of winter and early in the spring. It is frequently the case, no doubt, that the symptoms are regarded as apoplectic, and vigorous depletion and purgation resorted to. This treatment may for a time remove the more urgent symptoms; but the patient in the mean time, complains of uneasiness about the head, and is troubled with constipation, depression of spirits, and disinclination to mental or bodily effort. Calomel and colocynth, or blue mass and aloes, according to the peculiarity of the constitution, will generally be sufficient, if persevered in, to relieve all the symptoms, and restore the patient to health.—*Nashville Journ. of Med. and Surg.*, Feb. 1851.

Tapeworm.—Much attention has been turned of late to the treatment of tapeworm, principally from the fact that a new remedy was recently proposed for its effectual removal, viz.: *the Kousso.* This was at first heralded as a *specific*, though it is now regarded, by good authority, as worth no more than oil of turpentine, except that it is milder in its action. An objection to the kousso, and with most persons, whether physician or patient, an insuperable one, is its expense, which, we believe, is *ten dollars a dose.* The excitement created by the claims of this remedy seems to have called attention to the subject, and the merits of other remedies have been brought forward. By one, granulated tin is successfully employed. But a recent number of the *Boston Medical Journal*, contained a letter from an unprofessional gentleman (Richard Soule, Esq., of Boston), in which he sets forth the claims of a much more simple, and not less efficacious remedy, viz.: the seed of the West India pumpkin. This recommendation is endorsed in a later number of the *Boston Journal* by F. W. Cragin, M.D., whose patient not being able to procure the W. I. pumpkin-seed, employed "undried acorn or marrow-squash seeds," which had an immediate favorable effect in removing the tape-worm. But why go to the West Indies for pumpkin seeds? "Are not Abana and Pharpar, Rivers of Damascus, better than all the waters of Israel?" And if Dr. Cragin's patient succeeded so well with the acorn or marrow-squash seeds of New England, may not the pumpkin seeds of the United States answer every purpose? They are, at all events, easily tried, and we would call the attention of our readers to them. The mode of employing the seed is as follows: Take two ounces of the kernel of the pumpkin seed, put them into a mortar, and add half a pint of water; pound them well up, and make a liquid orgeat of them, which strain through a cloth. Drink this mixture in the morning on a fasting stomach. If it does not operate in the course of an hour and a half, take an ounce of castor oil. Drink, at the same time, as much fresh cool water as the stomach will bear; that is, drench yourself with water. If necessary, repeat the dose next morning. S. W. B.

Spontaneous Combustion.—At a recent trial, at the Capital of the Grand Duchy of Hesse Darmstadt, in which the question of the possibility of spontaneous combustion of the human body was involved, Professors S. Bischoff and J. Liebig were called to give evidence on the subject.

Professor Bischoff, in reviewing the recorded cases of so-called spontaneous combustion, doubted their authenticity; and both his evidence and that of Liebig are opposed to the possibility of such an occurrence.

In the *Nashville Journal of Medicine and Surgery*, for October, 1851, we find the report of a case of supposed spontaneous combustion, by WALTER J. BYRNE, M. D., of Russelville, Ky. In this case "the subject was upwards of seventy years of age, and for the last thirty years had been addicted to the use of ardent spirits, sometimes drinking enormous quantities, and was very fleshy." Nearly the whole of the body, and the chair in which she was sitting, were consumed, before the "blue flame" was extinguished by throwing water on it. "The odor was strongly empyreumatic, and around her was deposited a fetid and moist fuliginous deposit of a greasy character." The subject had been left by her daughter, sitting upon the edge of the hearth smoking a pipe. There was no fire of any consequence in the fireplace, and the little that was there was well covered up with ashes, and was found unopened. A question now arises as to its being a case of pure spontaneous combustion. Could the origin of the combustion be attributed to the lighted pipe?" Perhaps some of our readers may possibly be able to bring forward facts to throw light on this matter. S. W. B.

Chloride of Sodium as a Substitute for Sulphate of Quinine in Intermittent

Fever.—Our readers doubtless remember that this substance was proposed some time ago, by Dr. Piorry, of Paris, as a remedy in intermittent fever; in evidence of the utility of which a large number of cases were adduced by him. He administers it in doses of two tablespoonfuls once or twice daily, and asserts that it not only promptly arrests the paroxysms, but also exerts on the spleen as marked an influence as quinine does.

Professor Herrick, of Rush Medical College, has reported, in the September number of the *N. W. Medical and Surgical Journal*, the results of several trials made with it, which go to corroborate the success obtained by M. Piorry. Prof. Herrick suggests that it acts by preventing the destruction of the blood-globules (which takes place to a considerable extent in this disease), and at the same time by furnishing the materials for a fresh supply of this constituent. Chloride of sodium is known to possess the property of preserving the blood-globules; it is an alterative and tonic, and is also claimed to possess a specific influence in arresting the exacerbations of intermittents.

He prescribes it in the dose of *three to four drachms* twice daily in mucilage. After the fever is checked, he gives it in smaller doses, say *ten grains*, with the same quantity of *carb. ferri*, twice or three times daily, as a tonic and corrective of the secretions of the alimentary tube.—*Charleston Medical Journal.*

External Use of Tincture of Iodine. By Geo. W. Garland, M. D.—The results following the application of iodine externally, are often too great to be accounted for on the ground of its counter-irritant properties alone. It has a power in controlling glandular, cutaneous and subcutaneous inflammation possessed by no other counter-irritant, and indeed by no other substance. As these results are not in proportion to the *degree* of irritation which follows its application, we can only account for them by its power as an exciter of vital action, particularly of the absorbent and glandular systems; otherwise the same results would follow the application of any other counter-irritant of equal strength. On the contrary, iodine often shows its greatest power when vesication or even desquamation has not been produced in any great degree.

That irritation of the skin increases the *force* of its absorbent vessels, needs no argument to prove. We have only to recollect that without a certain amount of irritation strangury will not be produced by the application of cantharides; so with iodine, a certain amount of irritation is necessary to secure its free absorption, and this should always be secured when the irritation produced by the simple tincture is insufficient, by combining it with, or immediately preceding its application by, some more powerful irritant. For this purpose I have been in the practice of applying, with the most satisfactory results, a saturated solution of iodine in tincture of cantharides; or, what is a very fair substitute, exciting the part by long-continued friction, or by the application of emp. cantharides for a short time prior to the use of iodine. The condition most favorable to absorption is that which immediately precedes vesication, or the destruction of vitality of the cuticle; and when circumstances will admit, dusting the surface of a blistering plaster with the powder of iodine affords the most efficient application we possess for those numerous and perplexing cases of diseased glands, scrofulous joints and morbid growths. The practical value of the above ideas will be seen at a glance, and appreciated by every practitioner who has made an application of the alcoholic solution of iodine to obstinate glandular diseases, or enlargement of joints where the skin is tense and pale, upon which the common tincture fails to produce the least apparent effect. And I would here remark, that any active external application, with a gentle internal use of iodine when mercury fails, in cases of induration and enlargement of the liver, I have found to be followed with marked and lasting benefit.—*N. H. Journal of Medicine.*

THE

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Lead Poisoning. By C. H. CLEAVELAND, M. D.

March 24th, 1851. Was called to see T. W. W., an artist, aged about 26 years, when I learned the following history of his health up to the present time:—

The patient, for some time past, has enjoyed very good health until three months since, when he first noticed general depression of spirits, and universal debility of the system without any apparent local disease. All the natural functions were performed with a moderate degree of activity, yet the patient was unable to endure even moderate labor without suffering much from fatigue. Soon after this, he observed that he was liable to a continued recurrence of *boils*, mainly upon the left arm and leg, commencing by a slow and gradual enlargement of the follicles, or subcutaneous glands, unattended with any great degree of pain or tenderness. They slowly pointed, but there was but a slight discharge of pus, and soon the original one would be surrounded by many others, so that the boils would appear in clusters, numbering from twenty to thirty in a cluster, and covering a surface of six or eight inches each way.

Soon after this, the *breath* was observed to become quite fetid, and the food became liable to undergo fermentation previous to being digested. Thinking the stomach difficulty might be the cause of the boils, the patient took *sulphur* and *cream of tartar* in small quantities daily, for two or three weeks, without any perceptible result, except to render the bowels quite loose; but the stomach becoming more and more deranged, he left off the former mixture, and, in its stead, took laxative doses of *sulph. magnesia*, daily, for another week.

The continued action upon the bowels, aggravating the derange-

ment of the digestive tube, about one week previous to date, he took a large quantity of the infusion of *Eupatorium Perfoliatum*, with the intention of inducing free emesis. No vomiting occurred, but the boneset produced a powerful cathartic action upon the bowels, which has been kept up to the present time, notwithstanding the patient has taken repeatedly large doses of laudanum.

To-day, I find the patient suffering severely from abdominal pain, accompanied with griping, cramping, and a *retraction* of the abdomen, and a frequent desire to defecate, yet he is able to pass but little matter from his bowels, and that hard and scybalous. The pain is mostly confined to the umbilical region, and is frequently so severe as to cause involuntary outcries, and severe contortions of the body, and not unfrequently spasmodic action of the extremities.

Pulse slow and rather feeble, but irregular; extremities cold, and the skin shrunken and bathed in a clammy perspiration; eyes dull and humid, and the mental powers slightly prostrated, probably from the laudanum he has taken; tongue not dry, but coated, *and bluish stripe around the borders of the gums.* Breath quite disagreeable.

On inquiry, in addition to the above history of the invasion and progress of the disease, I learned that, during a part of the previous winter, the patient had been engaged in ornamental painting in his father's furniture warehouse; and while using the common lead pigments, he had frequently labored for hours together in a shop without fire, when he became so chilled that it was often a long time after his return to his warm room before this chilliness would be removed.

In addition to the exposure to the lead in the use of pigments, whose base was of that metal, he had also resided during the winter in a *new* cottage, whose internal walls were painted with colors in which lead was used, and as the season prevented thorough ventilation, the odor of the new paint could be discovered even then, although months had elapsed since the last coating had been put upon the walls.

Previous to my visit, the sufferer and his friends, although they rank very high for general intelligence as well as scientific attain-

ments, had never entertained the least suspicion that either the occupation or the residence had anything to do in causing the disease, or that they *might* be productive of so much danger and distress; and when I diagnosed *Lead Disease*, complicated and modified by the injudicious course of medication that had been pursued for the last few weeks, some of them were long in being convinced of the correctness of my opinion.

Although the circumstances with which the patient had been surrounded, as well as the symptoms under which he was laboring, indicated unequivocally that he was now suffering from *colica pictonum*, yet, remembering the caution of Tanquerel: "In most complications, lead colic must not be treated as if it existed alone; the treatment requires great caution. If the complication is an acute disease, it must be overcome before attacking the colic. *This course must be pursued when there is an inflammation of the digestive tube.*

"Yet if the affection with which it is complicated is chronic, and cannot be quickly cured, the treatment for colic must be immediately commenced; but it should be modified so as not to increase the gravity of the chronic malady. Thus, when colic is to be treated in an individual attacked with chronic gastritis, or cancer in the stomach, the remedies must be administered in clysters, or by the endermic method:"—I endeavored first to overcome the effects of the inflammation of the stomach and bowels, which was the result of the long-continued use of purgative medicines; and at the same time relieve the patient of the excruciating pain from which he so constantly suffered.

Ordered the following:—

℞. Camphor Water, 4 ounces,
Nitric Acid, 4 drops,
Opium Tincture, 1 drachm.
M. Dose, one large spoonful as often as the bowels move.

Also injections of three ounces of boiled starch, to which add one teaspoonful of laudanum, and repeat the injection sufficiently often to allay all irritation of the rectum.

Also, apply cloths, wet with a strong infusion of *mustard*, over the stomach and bowels, to be retained until decided rubefaction

is produced, when they are to be removed and their place supplied with others wet with brandy and laudanum.

As the patient was liable to faint whenever there was any movement of the bowels, I ordered him to take sufficient weak brandy sling to keep him from sinking, and enjoined as perfect quietness as circumstances would allow.

25*th.* Patient has passed a quiet night, but not much sound sleep. Complains of some sickness at the stomach, but not as frequently faint as yesterday.

The opium in the camphor mixture, although much less than he has taken for some days past, seems to produce a slight narcotic effect, and serves admirably to allay the pain in the abdomen.

Pulse a little fuller, but not more frequent; tongue much the same.

Directed a continuation of the treatment, only allowing a longer interval between the doses of the camphor mixture, and using less laudanum externally, and in the injections. Ordered a diet of eggs broken into boiling water, and boiled soft, with a little toast.

26*th.* Patient has taken no opium internally except what is contained in the aqua camphoræ composita; but has had the brandy and laudanum frequently applied externally. The mustard has produced severe external irritation, and can no longer be applied without great inconvenience. Does not need the brandy as often, and in its place takes a little port wine, when faint and pale. Has needed to take injections but twice since yesterday, and what passes his bowels appears much more natural than for some weeks past.

Give the camphor water in diminished doses, and less frequently, and also use less opium externally.

27*th.* As the patient was evidently much more comfortable yesterday, the nurse entirely omitted the camphor preparation for some hours, when a diarrhœa set in, attended with severe pain, and greatly reduced the patient. To-day, at 3 o'clock P. M., the pulse is only 50 in a minute, and yet somewhat wiry; and the countenance haggard and anxious. Is unwilling to take food, not from a disrelish of it, but because of the fatigue from the effort required to chew and swallow. Ordered the camphor preparation in larger and more frequent doses, and the injections of

laudanum and starch to be repeated until the diarrhœa is checked, with a little of the wine quite frequently, also the following:—

℞. Sulph. Quinina, 1 grain,
Cubebs (pulv.), 2 grains.
M. fiat, Pulvis, to be given once in six hours.

28*th*. Is rallying; pulse up to 60, and softer; tongue getting somewhat freed from the fur, and the appetite is improving; has had no nausea or fainting to-day, and but little pain.

Continued treatment.

29*th*. Still improving, soreness and tenderness of the abdomen passing away. Directed a continuation of the treatment, except that the injections are to be of simple starch, and directed the patient to take of the following:—

℞. Elixir Vitriol, 1 ounce,
Sulph. Quinina, 1 scruple.
Mix. Dose, fifteen drops in sweetened water three times a day before eating. Omit the powder of Cubebs and Quinine.

As the patient resided twelve miles from me, I did not see him again, but, on the 31st of March, his wife wrote: "My husband is almost well; to-day he has been walking about the house some, and relishes his food finely, and is fast gaining strength."

April 3*d*. She wrote, that the pains in his bowels returned occasionally, but only slightly, and he got immediate relief from the camphor mixture. He was directed to continue that, and the elixir vitriol with quinine, for some time, or until his health was fully established.

It was some time before the pain and tenderness finally left his bowels; but, when his health was apparently fully established, contrary to my advice, he one day painted a few feet of surface *in the open air*, with a mixture containing lead, when the colic returned with considerable severity. This time he was prepared for it, and subdued it at once; and since, having avoided all risks of being poisoned, he has had no return of the disease.

That people become frequently sick from the poisonous effects of *lead*, much more frequently than is generally supposed, I think must be apparent to any person who is on the look-out for manifestations of the maladies produced by that metal.

Within the past season, I have seen a neighboring physician

suffer with most of the symptoms of lead colic; as pain in the umbilical and renal regions, with constriction of the abdomen during the remissions; pain relieved or diminished by pressure; but, during its greatest severity, inducing strange contortions and twistings of the body and limbs; patient very much constipated, which was an unusual condition for him, with weak, stifled voice, and most persistent hiccough; and I have seen relief from all this suffering obtained by free catharsis, with the croton oil; and, although all the water used in the family was drawn with a pump through a leaden pipe for several rods, yet, after the doctor has had repeated attacks of this colic, I am not able to convince him that *lead*, in any form, has produced it.

But a few weeks since, I was called in great haste to see a young man, whose business was to *paint chairs*, who was then laboring under the *second* attack of colic that had occurred within a short period; and although his gums presented the characteristic stripe along the border, and the other indications of a lead affection were uncommonly clear and satisfactory, yet other practitioners have told him he could continue his occupation with safety, as "paint never produces colic." To this patient I first administered chloroform by inhalation until the paroxysm of pain was subdued; and then gave full doses of the croton oil, which acted like a charm to remove all the pain and distress.

Cases are constantly presenting themselves to my notice, some of them quite mild, and some of a very grave nature, that are readily restored to their usual health under the treatment directed for lead affections; and yet it is difficult to convince either the public or the profession of this region, that leaden pipes for aqueduct, or cooking utensils in part composed of lead, are improper or injurious to the public health. It is also a very common custom for people to live in newly painted apartments, with the atmosphere charged with emanations from the lead and turpentine which is used in the paint, *and these rooms are pronounced not unhealthy by men of ample medical experience and observation!* And why should we expect anything different, when Tanquerel says, of the profession in Paris, where, owing to the metal being employed in so many arts, and used in so many forms, a large *proportion* of the people suffer from its poisonous effects: "*The*

greater part of the practising physicians do not know how to recognize lead colic! They take it for an inflammation of the digestive organs; nay, even for volvulus or hernia!"

In regard to the *treatment* of *colic* from lead poisoning, my experience has not been sufficiently extensive to authorize me to speak decisively, yet it has been sufficiently so to allow me to recommend, in the strongest terms, the croton oil, as recommended by Drs. Kinglake, Roger, Andral, Tanquerel, and others; and on it I should mainly rely in all cases where the disease is uncomplicated; but not to the exclusion of other remedies, especially *opium* externally applied, and by means of clysters, and also the *sulphate of alumina and potash;* and, during the greatest severity of the distress, I should unhesitatingly administer *ether* or *chloroform* by inhalation, until it was subdued.

The method of administering the croton oil, as recommended by Tanquerel, is, perhaps, the best that has been devised, and I transcribe it for the benefit of the readers of the "*Reporter.*"

"The best way to administer croton oil, is to give a dose of one drop in a spoonful of ptisan, on the first visit to the patient. If this first dose does not produce evacuations or vomiting, seven or eight hours after, another drop must be administered, or a purgative clyster.

"The next day, and the day after, croton oil should still be prescribed in the same manner.

"The fourth day, when the patient is entirely free from all symptoms of colic, a second purgative clyster should be administered, which should be continued to the seventh or eighth day.

"In rare cases, when the colic has not entirely ceased on the fourth day, a drop of croton oil must be again given; and this may be repeated the following day, if, by chance, all traces of the disease have not disappeared.

"When the patient vomits a quarter or half an hour after taking the croton oil, another drop must be mixed with an ounce of castor oil; or (it may be) administered in clysters, in double the quantity prescribed when taken by the mouth.

"At the same time that croton oil is given, it is well to use a large quantity of ptisan. Most of the patients drank every day a very large quantity of honeyed barley water."

In applying the above directions, it will be well to be assured that the croton oil is *pure*, as most of that obtained in this region is largely adulterated. Or, if it be only diluted with some other oil, as is frequently the case, to give in larger doses and more frequently.

The following directions in regard to *regimen*, I also extract from the same learned author:—

"It is necessary, in the treatment of lead colic, even after the great pains have ceased, to insist for one or more days on the use of active remedies; it is the best way to prevent relapses. If slight uneasiness in the abdomen continues for some days, especially after the disappearance of violent pain, it is again necessary to use energetic treatment.

"Severe diet should be prescribed during the whole course of the treatment; it is necessary to wait until the pain has completely ceased, before giving food. Tanquerel has seen the symptoms return with their first intensity, when food was given before the cessation of pain. A small quantity of nourishment should be given at first, which may be increased daily."

Tanquerel recommends that the occupation of all who are exposed to the deleterious effects of lead, be *suspended* for a time, until health and strength are fully restored; but, as many are not apparently very readily affected, and as it is not difficult in this country for a person to change his occupation, and to engage in another which is not productive of these diseases, I have invariably advised those who have once suffered, to strictly avoid all dangerous contact with lead or any of its compounds.

WATERBURY, VT., *Nov.*, 1851.

Law inadequate to Protect Medicine. By JAMES H. STUART, A. M., M. D.

MR. EDITOR: I had hoped that the "long-vexed Bermoothes" of Medical Reform had subsided into an even current of professional opinion, and that, sparing you my own trivialities, I

might rest henceforth quietly in obscurity, and watch the development of the great work under other and better auspices. But the letter of Dr. Corson, and several private epistles received by myself from legal friends, warn me that I must trespass on your kindness but this once more, to "define my position." I *have* asserted that legal interference neither could nor would benefit us; and I repeat it. It was only after full consideration that I made this statement. When I am convinced to the contrary, I will retract—and not before. With all due deference to our legal brethren, and to their exalted opinion of their own profession, we must still believe that "the strong arm of law" is powerless in our behalf. That it *will* not assist us is evident. That it *cannot*, I purpose briefly to show. In the first place, I deny the *right* of legal interference. If there was an admitted standard of medical ability, the right to make that the legal gauge would be apparent. But there is not. Our country abounds in diverse systems of quackery, each claiming to be the true and only practice, and each possessing powerful support. If one of these is right, all the rest must be wrong; and also the regular educated practice of medicine. But who shall decide? Who shall dare appoint examining committees, (which must be composed of men agreeing in opinion,) and permit them to decide upon the persons legally qualified to practice? It would be the height of injustice to say to any class of men: You may practice; others shall *not;* either because those others are uneducated, or because they are rascals, and deceive the community. Even were such a law passed, it could never be enforced. The people would rise in arms against it:—

> "For sure, the pleasure is as great
> In *being* cheated as to cheat."

They would resist it as an encroachment upon their undoubted right to be befooled and behumbugged as much as they pleased. Even those who had no opinion on the subject would sympathize with the "persecuted," and the law would be repealed. One of my legal correspondents intimates that either an educated public, or legal restraint is necessary, and says the former is impossible. I deny the proposition; but for argument granting it; if legal restraint were imposed, would not the public take vast offence at the

being practically informed that they were incapable of judging for themselves? Put the case to ourselves. Suppose some *quackery* were established by law; who of us would dream of submitting, and who would ever be compelled to? Each miserable blood-thirsty quack pretends to believe *his* statement, and who can say that he does not? Such legal interference would, and does answer in monarchical governments, but cannot here. The cure is in the people themselves. It is *our* business to show them the contrast between educated practice and quackery; and theirs to make the choice. We are told that our associations will take the character of "cliques," and that many "regulars," unable, from their ignorance, to enter our number, will oppose us. Bah! We are now morally too formidable to fear them. By remaining outside, they show that they are "not of us;" that they are quacks (*i. e.*, ignorant pretenders), and, being open enemies, down they must go with the rest of the quacks. Away with all this puling folly about legal assistance. We waited for it long, and they spurned us. Now that we need no legal assistance, they come with munificent offers of aid, and assure us, forsooth, that "our system will do excellently well as a foundation to build"— their legal edifice on. But "*Timeo Danaos et dona ferentes.*" Many warm friends have I in that profession, and none are more sincere than those whose letters have moved this reply, but the friendship is entirely extra-professional. Legislation is indispensable for a *country*, but needless for our protection. Let us be true to ourselves, and graduate yearly only the proper number of qualified men, and quackery, *outside* the profession, will die of marasmus.

Erie, Pa., *Dec.* 1851.

Who can Name it? By William L. Challiss, M. D.

About three weeks since I was called to see Mr. William C., a man of about 45 years of age, and obtained from him the following statement. Saturday night, three weeks previous to this

time, he returned home from his daily avocations, usually well. Sunday morning, he found he had but the partial use of his left arm, and a strange feeling of stiffness in his left side below the ribs.

In this condition he remained until I saw him, bathing (as he said) first with one thing, then another. By the way, how universally the "*People*" are beguiled by one faculty of our nature —credulity; thinking all virtue exists in the teas of old women, and the nostrums of the artful speculator; thus tampering with frail mortality, until the soul wearied by long watchings, and the body wasted by the progress of disease, sinks under the grievous load. In not a few instances, have I had reason to lament over the anxious spirit, encased within an emaciated form, whose wreck has been induced by the sophistry of the wilful, until I have been led to scorn the man who would barter life for gain.

The appearance of the patient was very much changed from what it was, but a short time previous, when I was in frequent attendance upon his family, three members of which were suffering from colica pictonum, caused by using water transmitted through lead pipes. His countenance was pale and sunken, his expression melancholic. That vivacity which was a marked feature of his character was gone, and sadness and silence sat enthroned.

Upon examination, I found his arm much emaciated, and upon the hinder and middle part of the humerus, was a tumor as large as a turkey's egg, which appeared to be formed of the muscles, and composed a part of them. It was without pain, and very movable. He was able to make flexion and extension but to a very slight extent; nor could he bring the hand but to within six inches of the mouth. But what is singular, the grasp was perfect, and as strong as in health. Upon moving the arm outwards, some pain was produced in the shoulder joint.

The condition of the left side, above named, was involved in great obscurity. The external appearance was not much changed, except slightly raised above the natural form. To the touch, that part, extending from the false ribs to the crista ilii, and from the dorsal vertebræ, to the left rectus muscle, presented a hard and indurated feel. The hardened mass lay immediately be-

neath the skin, and, after a minute investigation, I was able to trace it only to the muscular system. No vital organ seemed to be at all involved. It was sensitive to pressure, and upon motion of the body seemed perfectly rigid. His general system was not at all deranged; appetite was good, and the bowels were entirely regular.

Thus, Mr. Editor, I have endeavored to give you a description of this singular, and to me, perplexing case. Being unable to make a diagnosis satisfactory to myself, I was of course at a loss as to the treatment. Thinking, however, that the nervous centres were in fault, an oblong blister was applied to the spine, extending from the nape of the neck to the dorsal vertebræ. One grain of mercurial mass was given every three hours until slight ptyalism was induced, and active friction was made upon the arm and side with mercurial ointment. This, together with a single active cathartic, comprised the treatment for two weeks; at which time motion was somewhat restored to the arm, and the tumor was removed, but the side remained unchanged. Dry friction to the arm and shoulder-joint was then ordered, followed by ablution with alcohol; and a blister was applied to the dorsal vertebræ, the results of which I have not yet had occasion to observe.

In conclusion, Mr. Editor, I would frankly acknowledge, that I have been working somewhat in the dark, and would be pleased to hear from any one through your columns, who can throw any light on the nature of this case. If it is paralysis, how can all of the phenomena be explained? His system may be to some extent contaminated by the water that poisoned his family, but no domestic use of it has been made for three months past. And if this is the basis of his disease, his case is in every respect different from the others. The patient himself can account for it in no way. He had not been the subject of any unusual excitement, nor had he at the time performed any severe labor. Veiled in mystery is the life of man!

Moorestown, N. J., *Nov.* 1851.

Monstrosity. By J. Barron Potter, M. D.

Dr. Joseph Parrish:—

Sir: I send you the following from my note-book. If worth publishing, it is at your disposal.

June 16*th*, 1851.—Saw at a post-mortem examination a remarkable case, which occurred in the practice of Dr. E Buck, of this town.

It was a child of full term, and born alive. The abdominal muscles and skin were wholly wanting, exposing to view, as if by the scalpel, the liver and bowels. The breast, arms, and head were largely and well developed; but the spine in the lumbar region somewhat deficient; probably, as a consequence, there was an abortion of the nutritive system in forming the legs and external covering of the abdomen.

One leg was an exact wing or *fin* of a turtle, and quite small, the end having two or three unseparated toes; the other was very large, and made up for all deficiencies in the lower parts by its excessive development. This large leg extended up to the face; and the foot, which was of the club order, rested upon one side of the nose. It breathed a few times after birth.

Drs. Buck, Bowen, and Elmer were also present.

Bridgeton, *Nov.* 18*th*, 1851.

Case of Imperforate Anus. By Charles Dunham, M. D.

I was called, on the evening of Oct. 5th, to visit a child of a boatman—on the second day of its birth. I found the child very fretful and uneasy—the abdomen was much distended and discolored, and, from information of its mother, the feces had been frequently vomited up through the day. I immediately suspected the nature of the case, and upon examination found nothing but a slight indentation to mark the orifice of the anus. As an operation was inevitable, I determined to perform it immediately.

Having procured a bistoury, I made a longitudinal incision, and extended it upwards in the direction of the os sacrum, until I reached a cavity. Upon withdrawing the instrument, to my delight, the meconium flowed copiously. The child was placed in a warm bath for a few minutes, after which a tallow bougie was introduced to prevent adhesion. The little patient seemed much relieved, and dropped into a pleasant sleep. The bougie was continued for a few days, with the occasional use of small doses of castor oil, and the child was so nearly recovered in the course of a week, as to enable its parents to proceed on their journey. I had some apprehensions that the sphincter muscle might be destroyed, but, having had an opportunity of inquiring a few days since, I find that no difficulty has arisen from that source, and the child is in good health.

Bordentown, *Nov.* 1851.

BIBLIOGRAPHICAL NOTICES.

Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. Oct. 1851: Lippincott, Grambo & Co. One dollar per annum.

In the last number of the "Quarterly Summary of the Transactions of the College of Physicians of Philadelphia," amongst a variety of interesting matter with which this little periodical always abounds, we have read with interest a paper by our brother Dr. Isaac Parrish, entitled "Mortality and Insanity in separate plan-prisons in England and America." As the subject embraced in this article is one which especially interests the physicians and legislators of New Jersey (this State having adopted the system of separate confinement, which originated in Pennsylvania), we have deemed it proper to present our readers with a brief abstract of this important paper. The object of the

author is to show that the "Separate system" of imprisonment, which has been so highly lauded, and which has been partially adopted in England, and in some parts of the Continent of Europe, although an improvement upon the old and vindictive methods of punishment formerly in vogue, is still susceptible of great improvements, and needs speedy modification, to adapt it to the mental and physical well-being of those subjected to it.

A detailed account of the buildings, system of management, and history of the great prison at Cherry Hill, near Philadelphia, precedes a full exhibit of the statistics of the establishment, during a period of twenty years, as derived from official sources.

The following extract shows the ratio of mortality in this period:—

"The whole number of prisoners received at the Eastern State Penitentiary, to the close of the year 1848 (as contained in the annual report for that year), is 2421, of whom 1631 were white, and 790 colored. The number of deaths recorded to this time, embracing a period of 19 years, is 214, or nearly 90 in the 1000, or within a fraction of 9 per cent. of the whole number received. Calculating the mortality of each year from the average number of convicts for the year, and then giving the average annual mortality for the whole period, this per centage would be considerably reduced; but the former method appears to me to convey a more accurate idea of the relative proportion between the number subjected to confinement and the number of deaths, besides being that applied by Dr. Winslow to the English prisons, with which we shall presently compare them."

The deaths are said to be mainly from scrofula and consumption, and to be much more numerous amongst the colored than the white prisoners:—

"Acute diseases, and especially infectious and epidemic disorders of a low type, which so frequently scourge crowded and filthy prisons, are unknown at Cherry Hill. The most fruitful source of the large mortality indicated by the above figures is from the deaths amongst the colored prisoners; from the 790 colored inmates received to the close of the year 1848, 141 deaths occurred, being nearly 18 per cent. of the whole number."

While the deaths amongst the whites were about 4½ per cent. of the whole number admitted during the same period.

The same disparity in the mortality between white and colored is observed at the County Prison at Moyamensing, though the general average of mortality of both colors is much less—viz. 2½ per cent. for the whites, and 8½ per cent. for the colored. A fact which is explained by the difference in the length of sentences at the two establishments. Thus, at the State prison,

where the convicts are sentenced for the higher grades of crime, the average duration of their confinement is about three years; while at the County prison, where the lesser crimes are punished, a large proportion are confined for terms not exceeding a year, and a majority between three and nine months.

The influence of length of sentences upon the mortality is further shown, by the statistics of the British prisons. In England, the sentences in the separate prisons rarely exceed a year, the remaining portion of the punishment for grave offences being spent either in associated labor on public works, or in one of the British penal colonies; hence, we find the mortality in their prisons rarely exceeds two per cent.

From a full and impartial examination of the statistics of the Pennsylvania prisons, and of those in England conducted on the same plan, Dr. Parrish concludes that separate confinement, *continued beyond a year*, becomes dangerous to health; and that the close confinement in cells, without a sufficient amount of sunlight, of fresh air, and of out-door employment, favors in a marked degree, the development of scrofula and consumption, and other kindred diseases, which are the main outlets of life in these establishments.

The development of insanity in "separate prisons" is next treated of; and a similar comparison instituted between our prisons and those of England.

It appears from the official tables which have been collated by the author, that the alleged tendency of solitary or separate confinement to produce insanity is fully determined. Even in England, where the sentences rarely exceed a year, 42 cases of insanity out of 3,050 prisoners, or at the rate of 13.7 per 1000 have been reported at the Pentonville prison, which is the model prison of England, a ratio of insanity which is 5⅘ greater than the average in the community; and which, were it general, would give to England, in 1851, near upon 50,000 male pauper lunatics within her borders!

In the prisons of Philadelphia, and especially in the State prison, the number of insane is alarmingly high, amounting to 55 cases during a period of six years, in an average prison population of *300 persons.* These cases are exclusive of a considerable number

who were insane on admission, all of the 55 being developed under the influence of the discipline adopted. It is especially worthy of remark that the same rule holds good here as in the mortality, the length of sentence influencing the result. Thus in the county prison, where the sentences are short, but 23 cases of insanity are reported out of 2815 prisoners, and of these, 14 are said to have been more or less insane on admission; while at Cherry Hill, of the 55 prisoners who have become insane there, 36 were under sentence for over two years, 12 for two years, 6 only for terms between one and two years, and only one for a term of six months.

It is farther stated that there are at this time in the State prison at Cherry Hill, 43 insane prisoners in a population of 300, and that 30 of these have been developed there, thus making 10 per cent. of the whole number of the inmates insane!

In view of these facts, our brother invokes the earnest efforts of the College of Physicians toward producing a modification in the present system. He remarks:—

"From the above comparison of the mortality and insanity of our separate plan prisons with those in England, it will be seen that the State prison at Cherry Hill, where the experiment of separation was first commenced, and where it has been vigorously carried out for more than 20 years, has been the most severely scourged by those disorders which medical experience has proved to follow rigid confinement in close and darkened rooms, without the requisite amount of exercise in the open air, and sunlight. While it is equally evident that the abrogation of the social principle, continued for lengthened periods, as practised here, inflicts upon a certain class of minds serious and oftentimes irreparable mischief. The extent of these evils can only be realized by looking through the entire history of this institution, and computing the mortality and insanity from the whole number of persons subjected to its discipline.

"It is also observed that in the separate plan prisons of England, where the sentences rarely exceed a year, and in which all the modern improvements of construction have been introduced at an enormous expense, the mortality and insanity, although comparatively trifling, have still been sufficiently high to attract the notice of distinguished medical men, and to induce them to doubt the propriety and humanity of the plan.

"This is not the time or place to enter into an examination of the healthfulness of other prisons, as compared with those to which our attention has been directed, or to discuss the relative merits of the plans of imprisonment now in vogue. My object is not to advocate any particular system, but rather to show that an exclusive devotion to one idea on this subject may lead to serious consequences, both as it affects individuals and the State. When we consider the great variety in the physical and mental constitution of man, the many diverse circumstances by which his actions are influenced, and the various grades of moral depravity which mark his departure from a virtuous life, it would seem reasonable that, in graduating punishment,

some regard should be had to these differences; and that one invariable method should not be applied to all. While, therefore, we would not abandon the separate principle as applied for *limited periods* to the generality of convicts, we should be equally averse to applying it to those whose physical and mental constitution were proved, by observation, to be peculiarly obnoxious to its influence.

"To continue such a course would be visiting calamities upon these erring and rebellious subjects of the State which the law never intended, and from which humanity revolts. What more cruel penalty can be inflicted on a fellow-being than the dethronement of his reason!—to be doomed to a life of sorrow and privation—the creature of sudden impulse, or the passive and imbecile instrument of another's will! What hope of steady and consistent conduct can light the path of those whose minds have been unhinged by the very means taken to enlighten and reform them?

"These are questions which naturally arise in view of the facts here presented; they are not the offspring of a sickly sentimentality, or of a morbid sympathy for criminals; they affect alike the honor and reputation of the commonwealth, and the best interests of those who have forfeited their liberty, by violating its laws."

We are not aware how far the statistics of the State prison at Trenton would confirm the conclusions arrived at in the above quotation.

We believe that the same tendency to bodily and mental maladies has been observed there, though we are inclined to think that the isolation of the convicts is much less rigidly enforced than in Pennsylvania.

There is more intercourse amongst them, and numbers are often seen working in company, thus breaking in upon the monotony and solitude which so eminently favor the development of insanity. The subject is one of deep interest to our State, and seeing the effect produced by the separate system, as practised in the neighboring commonwealths, it behoves us to guard carefully against its evils here; and to be prepared to act for the cause of justice and humanity, if we should find them infringed upon, even in the persons of those who have forfeited their liberty by the commission of crimes against the laws.

EDITORIAL.

The Jenner Monument.

A notice of the fact, that an effort is being made to raise, by subscription, a sum of money sufficient to erect a statue in *bronze*, as a *tribute from all nations*, to the memory of Dr. Jenner, seems to be due from us, to our readers. Those who may feel disposed to contribute to this object, may do so by sending the amount to either of the gentlemen named below. The subscription price is limited to one dollar, so as to secure a large list, and the statue is to be erected in London, the city of the world, for the world's admiration.

In looking over a little memoir of Jenner, we have been particularly pleased with the singular simplicity and humility of his character, as displayed in the fact of his refusal to avail himself of the peculiar advantages which his name and reputation would have secured to him in a more extended and lucrative practice of his profession, from which we may infer that, to him, the thought of a statue to commemorate his great achievement in science would have been repulsive. One or more medical friends who enjoyed his confidence, urged him, in view of his certain success, to leave the country, and settle in Grosvenor Square, assuring him that he might rely on an income of ten thousand a year, as the fruit of his practice; but he could not be induced to leave Gloucestershire, and wrote to his friend, as follows: "Shall I, who, even in the morning of my days, sought the lowly and sequestered paths of life, the valley, and not the mountain,—shall I, now my evening is fast approaching, hold myself up as an object for fortune and for fame? Admitting it as a certainty that I obtain both, what stock shall I add to my little fund of happiness? And, as for fame, what is it? A gilded bait, forever pierced with the arrows of malignancy." Yet, notwithstanding his retired location, and his dislike for fame,—the fruits of his study, and his trials, have earned for him a name which may never be forgotten.

And here we would notice a pleasing incident, in the history of vaccination, which is alike a testimony in its favor, and a tribute of grateful remembrance of its discoverer. On the 14th of May, 1796, the first opportunity was offered for a fair trial of Jenner's experiment. The subject was James Phipps, a boy of eight years old, in whose arms the first incisions were made. The result was entirely satisfactory, as inoculation afterwards had no effect. And on the annual occurrence of this day, a festival is held at Berlin in commemoration of the event. Few such men as Jenner have lived; and that his name is written in the annals of medicine, and in the hearts of its votaries, is a fact of which the profession may well be proud. The following is a description of his personal appearance: "His height was rather under the middle size; his person was robust, but active and well formed. In his dress he was peculiarly neat, and everything about him showed the man intent and serious, and well prepared to meet the duties of his calling. He dressed in a blue coat, with yellow buttons, buskins, well-polished jockey boots, with handsome silver spurs, and carried a smart whip with a silver handle. His hair, after the fashion of the times, was done up in a club; and he wore a broad-brimmed hat."

Those who wish to give a dollar, to *materialize* this description, may send it to

GEO. B. WOOD, M. D.
R. DUNGLISON, M. D.
T. D. MÜTTER, M. D. } PHILA.

MARTYN PAINE, M. D.
HORACE GREEN, M. D.
CHAS. A. LEE, M. D. } NEW YORK.

JOHN C. WARREN, M. D.
JOHN WARE, M. D.
JAMES JACKSON, M. D. } BOSTON.

THE ANNUAL MEETING.

We again call the attention of our readers to the Secretary's notice of the ensuing annual meeting which may be found on the 2d page of the cover. As this is to be the first annual gathering of the profession at the State Capitol, we hope it will be a large *and spirited meeting,* and that the different delegations will go,

prepared to stay till the business shall be accomplished, and not hasten away before the first day shall close. The great fault in our meetings hitherto, existed in the fact that the time allotted for transacting the business was entirely too short to admit of its being properly done. Elections, reports, communications, the annual address, and a multitude of other items, besides the dinner and the smoking, were crowded into about four hours; but we hope the new arrangement will be the means of great improvement. We expect that our efficient Standing Committee will make ample provision for a full attendance, and they ought not to be disappointed.

"*Hints to the People on the Profession of Medicine.* By Wm. Maxwell Wood, M. D."

This little book has been received, and we notice it thus, to call attention to the Circular issued by the Faculty of the Buffalo Medical University, in regard to it, which accompanies this number of the Reporter. Read it, and get a few copies of the book, to circulate among the people.

Dental College at Syracuse, N. Y.

We have received the first annual announcement of the *New York College of Dental Surgery*, located at Syracuse, N. Y. It consists of a corps of five professors, who are men of standing and experience in the medical and dental professions, and whose lectures will embrace the range of subjects usually treated of in dental colleges. The following are the names of the Faculty. A. Westcott, M. D., D. D. S., A. B. Shipman, M. D., Thomas Spencer, M. D., R. F. Stevens, M. D., and one chair vacant. Daniel Van Denburgh, D. D. S., Demonstrator. The first lecture term began the first Monday in December, to continue fifteen weeks. We wish the Faculty success in their endeavors to advance the interests and usefulness of the dental profession. (We regret that by an *oversight this* announcement was not noticed before.) *

To Correspondents.

Dr. Fitch's case, acknowledged in our last, is unavoidably postponed until our next issue.

"*Thoughts on the Influence of Malaria on Man,*" by F. A. Kinch, M. D., of Westfield, N. J., will appear in due season.

EDITOR'S TABLE.

The following works, &c., lie on our table:—

Retro-Pharyngeal Abscess; its Medical History and Treatment, with a Statistical Table of Fifty-eight Cases. By Charles M. Allin, M. D., *Resident Surgeon of the N. Y. Hospital.* From the Author.

This is a valuable pamphlet of thirty-eight pages, reprinted from the *N. Y. Journal of Medicine.* It treats on a disease which has not received as much attention from medical men as, from the frequency of its occurrence, it deserves. We hope to give it a more extended notice in our next.

Acton *on Diseases of the Urinary and Genital Organs,* J. S. Redfield, Clinton Hall, N. York; Beck's *Materia Medica and Therapeutics,* Samuel S. & Wm. Wood, 261 Pearl St., New York: and the *Pocket Anatomist,* Geo. H. Derby & Co., Buffalo, N. Y., are received too late for extended notice in this number.

American Veterinary Journal: devoted to the Diffusion of Veterinary Knowledge. Edited by Geo. H. Dadd, M. D., Boston, Mass. Thirty-two pages monthly. One dollar a year in advance.

We have received one or two numbers of this periodical, which certainly fills a blank that has too long existed among our periodical publications. Yet we are sorry to see that it is devoted to the interests of what is arrogantly termed the "*reformed* practice" of medicine, as the work can have no solid and permanent foundation, unless it inculcates principles in harmony with those of the generally received rational views of pathology and therapeutics.

We have also received the prospectus of the "*East Tennessee Record of Medicine and Surgery.*" This work, which will be issued about the first of March, is to be published under the auspices of the East Tennessee Medical Society, at Knoxville, Tenn., under the editorial supervision of Frank A. Ramsey, M. D. It is to be a quarterly, of one hundred pages octavo, at two dollars per annum in advance. We wish the work all success, and shall be happy to welcome it in exchange.

OBITUARY NOTICES.

Died, in Philadelphia, Joshua M. Wallace, M. D., Nov. 10th, in the thirty-seventh year of his age.

—— in New York, Nov. 12th, Granville Sharp Pattison, M. D., Prof. of Anatomy in the University of the city of New York.

—— in Philadelphia, Frederick Crowley, M. D., aged thirty-eight years.

—— in Aurora, Ill., Sept. 16th, N. Hard, M. D., Prof. of Anatomy in the College of Physicians and Surgeons of the Iowa University.

—— in New York, Nov. 21st, James R. Manly, M. D., in the seventieth year of his age.

—— in Providence, R. I., Dr. Wheaton, aged ninety.

—— in Zurick, Germany, Dr. Lorenza Oken, the famous naturalist, aged seventy-three, Professor of Natural History in the University of Zurich.

—— in Paris, Dr. Baudelocque, aged fifty-five.

—— in Cincinnati, N. T. Priestly, M. D., a highly respected and worthy member of the profession.

—— in Newark, N. J., Whitfield Nichols, M. D. Will some friend at Newark prepare a notice of Dr. Nichols for the *Reporter?*

ECLECTIC AND SUMMARY DEPARTMENT.

A New Method of whitening Bones.—Dr. Ellerslie Wallace, Demonstrator of Anatomy in the Jefferson Medical College, Philadelphia, recommends, in the *Medical Examiner*, the employment of sulphuric ether, for the purpose of extracting greasy matters from bones, of which it is desired to make preparations. Twenty-five or thirty pounds of ether (which may be obtained for 18 cents per lb.) is enough for a skeleton, if the bones be closely packed in a proper case. After the ether has become saturated with oil, it may be distilled off. To morbid specimens, as of caries, &c., this method is admirably adapted, not in the least injuring the delicate structure.

Turn of Life.—From forty to sixty, a man who has properly regulated himself may be considered as in the prime of life. His matured strength of constitution renders him almost impervious to the attacks of disease, and experience has given his judgment the soundness of almost infallibility. His mind is resolute, firm, and equal; all his functions are in the highest order; he assumes the mastery over business; builds up a competence on the foundation he has formed in early manhood, and passes through a period of life attended by many gratifications. Having gone a year or two past sixty, he arrives at a critical period in the road of existence; the river of death flows before him, and he remains at a standstill. But athwart this river is a viaduct, called "The Turn of Life," which, if crossed in safety, leads to the valley of "Old Age," round which the river winds, and then flows beyond, without a boat or causeway to effect its passage. The bridge is, however, constructed of fragile materials, and it depends upon how it is

trodden whether it bend or break. Gout, apoplexy, and other bad characters, also, are in the vicinity, to waylay the traveller, and thrust him from the pass; but led him gird up his loins, and provide himself with a fitting staff, and he may trudge on in safety with perfect composure. To quit metaphor, "The Turn of Life" is a turn either into a prolonged walk, or into the grave. The system and powers, having reached their utmost expansion, now begin either to close like flowers at sunset, or break down at once. One injudicious stimulant, a single fatal excitement, may force it beyond its strength—whilst a careful supply of props, and the withdrawal of all that tends to force a plant, will sustain it in beauty and in vigor until night has entirely set.—*The Science of Life, by a Physician.*

Pertussis; its Treatment. By R. L. MADISON, M. D., of Petersburg, Va. —After some preliminary remarks, the author observes that a careful investigation of a good many cases, which have recently presented themselves to my observation, induces me to believe that the cough is essentially *nervous* in its character, developed by a specific irritation of the *spinal cord* extending from the origin of the *eighth* pair down to that of the *phrenic* nerve. This conclusion is arrived at by a species of negative induction. If the cough were dependent upon pneumonic inflammation, we should have all the physical signs of pneumonia constantly developed. If it originated in a bronchitic irritation, we should have hooping-cough with every attack of bronchitis. If irritation of the *peripheral* extremity of the pneumogastric nerve were its cause, that in itself would be sufficient to produce pneumonia in every case! Inasmuch, therefore, as these causes seem evidently inadequate to develop the characteristic phenomena of hooping-cough, and since these phenomena are clearly of a nervous character, and the parts involved in the disease are only those to which the eighth pair and phrenic nerves are distributed, I am forced to believe that the source of irritation—the cause of the disease—is to be found in the spinal cord at the roots of these nerves.

Acting in accordance with this belief, I have adopted a method of treatment remarkably simple and eminently successful. It consists in the application of a *blister to the nucha*, which, upon the principle of counter-irritation, speedily and permanently relieves all the distressing symptoms of the cough. In a large majority of cases, a single application of the blister will suffice for an instantaneous cure. Those which resist the first application yield to a second, aided by the internal administration of quinine, or of iron combined with quinine in form of the citrate. I would not recommend the use of the blister in case of infants of a very tender age; but pustulation, by means of the unguentum antimonii or the ol. tiglii, will accomplish the desired object.

Now, whether these brief views in regard to the "pathology of pertussis," be correct or not—whether they be condemned as theoretical, and the treatment as empirical—certainly the success which has attended my efforts, justifies me in warmly recommending it to the attentive consideration of my professional brethren.—[*Stethoscope.* (*From the Western Lancet.*)

Influence of the Hour of the Day on Births and Deaths.—Dr. CASPER, the eminent statistician, has been led to the following conclusions with regard to the influence of the hour of the day on births and deaths. The observations with regard to deaths are based upon 5591 cases. It would be well if the physicians of our State could be induced to adopt some plan by which statistical observations on every subject interesting to physicians, and, of course, through them to the public, might be recorded for the benefit, if not of our own age, at least of succeeding ones. Through our State medical *organization* we might accomplish much in this way:— *

"*1. As to Births.*—More births occur from nine o'clock in the evening to

six o'clock in the morning, than during the other hours of the twenty-four. Labor pains commence more frequently between midnight and three o'clock in the morning, than at other times. Of those births which terminated during the day, the majority were male children. Labor is longer if the pains begin in the day-time, than if it commence during the night. This influence is more striking with still-born than with living children.

"2. *As to Deaths.*—The maximum general mortality occurs during the earlier hours of the day, the minimum in the evening. Of special causes of death, the relative mortality with reference to the time of day presents many variations. Inflammatory diseases present their maximum in the after part of the day; fevers and exanthemata in the earlier hours of the night; hemorrhages in the fore part of the day, and in the afternoon; and the neuroses generally in the hours after midnight."—(*Lond. Med. Gazette.*)—From *N. H. Journ. of Medicine*, Dec., 1851.

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Phosphate of Lime in Scrofula and other depraved states of the System. By W. Stone, M. D., Prof. of Surgery in the University of Louisiana.—In the July number of the reprint of the *London Lancet*, there is an article by Beneke, entitled the Physiology and Pathology of the Oxalate and Phosphate of Lime, and their relation to the formation of cells. The conclusions of the author are based upon careful chemical research and results from the use of the remedy. His researches show that in man, as well as in vegetables and inferior animals, phosphate of lime as well as albumen and fat is absolutely essential for the formation of cells, and he considers that many of the pathological states of the system depend upon a deficiency of this salt. The affections in which it is advised are ulcerations dependent upon a general dyscrasia, and not a mere local affection; infantile atrophy; in those suffering from rickets and consequent diarrhœa and tuberculous diseases, particularly of the lungs in the early stages. I was favorably impressed with the article, and, being encouraged by the results of the practice, I am induced to relate a few cases by way of calling the attention of the profession to it, believing great improvement may be made in the treatment of diseases dependent upon vice of nutrition.

Case I.—Slave Bob was admitted into my Infirmary early in July, with a disease of his nose. Two large fungous growths, one on each side of the nose—barely separated by a strip of sound skin in the centre, of about one inch in diameter—extended nearly to the corners of the eyes. The cavities of the nose were filled by a similar growth, and the disease was making its appearance in the roof of the mouth. His general appearance was bad, and not unlike that of a dirt eater. He complained of pains in different parts of the body, but not much at the seat of the disease, and he had an indolent swelling on one of his feet which finally softened down, and, on being opened, discharged a thin matter and broken down tissue, leaving an ill-conditioned ulcer. I had to rely upon him for his history, which must necessarily be imperfect. He said the disease commenced four months previous in the nasal cavities and gradually made its way through. An examination showed that the bones had been absorbed—the mass bled freely, and upon pressure a thick cream-like pus appeared, and some of it resembled softened tuberculous matter. Pulse feeble and frequent, and digestion bad. I do not know what particular treatment he had been under, but he appeared to be slightly under the influence of mercury, and I put him upon the use of the hydriod. of potass—cut off the fungus externally, and extracted as much as was practicable from the nasal cavities, with polypus forceps, and used a lotion of the sulphate of copper. No perceptible improvement followed; and on the first of August, I put him upon the use of cod-liver oil; but his digestion continued bad; had acid eructations, which he thought were worse when he took the oil. The *phosphate* of lime was added, eight grains three times

a day, and he soon began, for the first time, to improve. His color began to return—the local disease began to assume a better appearance. Local treatment was disregarded, and the oil and phosphate of lime has been continued up to this time. His color is now of a shining healthy black. The fungus is even with the surrounding skin. Cicatrization is taking place, and the fungus has disappeared from the nasal cavities, so that he breathes quite freely through them. Those having confidence in cod-liver oil, may attribute the favorable change to it alone, but I would say that no favorable change took place until the lime was given, although it had been given sufficiently, I think, for a fair trial. The oil may supply one deficiency, and the lime another; but my object is not to theorize, but to draw attention. Bleeding, leeching, cups, and gum water, on the one hand; and tonics, stimulants, and opium, on the other, are sufficiently well understood; but I believe that chemistry is yet to assist us and enable us to relieve many of those undefinable maladies that depend upon vices of nutrition, either hereditary or acquired, which cut off so many before the natural decay of the system takes place.

Case II.—Miss ——, aged 24, had been in delicate health for some time, without suffering from any particular disease. In May last, a dry cough commenced, and loss of appetite followed, etc. But to make it brief, as it is but a common case, I saw her about the middle of June, and found the upper part of both lungs filled with tubercles, in some places beginning to soften. Her cough was almost incessant, expectoration slight, consisting of viscid mucus, streaked with pus, and occasionally with blood; pulse a hundred and twenty, much emaciated, and her menses had ceased. She had fever in the evening, and exhausting night sweats. I ordered cod-liver oil, together with a soothing cough mixture, for temporary relief, and to procure rest, which she could not get without. This course afforded some relief, but the appetite did not improve, and I could not say that any marked improvement had taken place. About the first of July, I gave the phosphate of lime, in addition to the oil, and in a short time there appeared to be some improvement in the appetite; the sweats began to leave, and her color gradually to return. The same course has been continued up to the present time, and she says she feels better than she has for two years. Her cough is in a great manner gone; she has gained considerable flesh, and has for the last two periods menstruated more naturally than for two years previously. There could be no doubt as to the precise nature of this case, and I am free to allow full credit to the oil, but I am confident that the lime was equally useful. The patient, who knows nothing of the medicine, spoke of its good effects. If the theory upon which its beneficial effects are based is correct, it ought to be an admirable assistant to the oil. I do not pretend that this patient is effectually cured, but it must be admitted that the result of the treatment is highly encouraging. It was a case of unmixed phthisis, that might have been expected to terminate in the course of a few months.—*N. O. Medical Register.*

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On the Constitutional Origin of Erysipelas, and its Treatment.—Dr. A. J. Walsh has furnished the *Dublin Quarterly Journ.* (Aug., 1851) some remarks on this subject, with cases, which are worthy of consideration.

The following is a summary of his remarks:—

1st. That erysipelas is a constitutional disease, depending solely on a morbid state of the blood; and that the eruption and fever are the means that nature takes to get rid of this poison.

2d. That, for all practical purposes, it is only necessary to divide the disease into idiopathic and traumatic.

3d. That tartar emetic seems to act specifically in erysipelas, by assisting *nature in her efforts to* throw off the disease.

4th. The best method of administering this medicine is by dissolving one grain in a quart of any bland fluid; the solution to be taken in the twenty-four hours.

5th. That as soon as the tartar emetic has acted sufficiently, sulphate of quina, or some other tonic, is to be administered.

6th. That, if the patient is debilitated, we must administer tonics at the same time that we give the tartar emetic.

7th. That, under this treatment, the erysipelatous inflammation may spread, but not with the same violence nor to the same extent as if the disease were left to itself.

8th. That we shall often require to give aperient medicine during the course of the case, as it is absolutely necessary to keep the bowels free.

9th. That local applications are unnecessary, and often injurious.

10th. That incisions are not necessary, except in the third, or suppurative stage; and if the antimonial treatment be early resorted to, it very rarely occurs that suppuration takes place.—*Amer. Jour. Med. Science.*

Case of Large Thyroideal Tumor dispersed by the use of Iodine. By Lewis A. Sayre, M. D., Prosector of Surgery in College of Physicians and Surgeons.—Mr. F. E. T. (of Georgia), aged 56, of good constitution and robust health, in February, 1850, discovered a small tumor in the right side of the neck, just above the clavicle, and close to the larynx. The tumor was about the size of a small hickory-nut, firm to the touch, and rather hard, immovable, and not painful when handled. Although rather too low down in the neck for the thyroid body, yet it was suspected that it might be a lobe of that organ, and he was directed to use iodine externally and internally, in order to promote its absorption. He accordingly took ten drops of tinct. iodine three times a day, and applied iodine ointment externally.

The treatment, however, had no effect upon the tumor, which continued constantly to increase until Sept., 1850, when he came to me for its removal. It had attained nearly twice the size of a man's fist, interfering considerably with deglutition and respiration, by pressure upon the trachea and œsophagus, and producing quite a deformity.

* * * * * *

After carefully examining it, and finding it confined entirely to one side of the neck, and being too low down for the thyroid body, and but slightly elevated and depressed by the act of deglutition, I looked upon it as *a tumor independent of the thyroid body*, and consented to remove it for him the next day.

Before doing so, however, I was anxious to obtain Dr. Parker's opinion upon the case, and suggested to him that there was a bare possibility of his being cured without an operation; and as the case involved so many important organs and vessels in the operation, I was anxious to know if he, Dr. P., would consider it feasible or justifiable.

Dr. P. at once decided against the operation as an absolute impossibility, on account of its size and the vessels involved in it, and suggested that, although it might not be the thyroid body itself, yet being situated so near it, and being so vascular, he thought it would come under the influence of iodine, if it were pushed to its full effect upon the system.

He was, therefore, put upon Lugol's solution, three drops three times a day, and increased one drop at each dose until ninety drops a day were given. Externally, he was directed to apply a cloth saturated with iodine, and to cover that constantly with salt and cold water, or salt and ice, or some other refrigerant mixture, in order to retard the circulation and diminish the vitality of the part. Whilst under the use of iodine, he was directed to abstain from the use of much food containing starch.

This treatment was commenced on the 20th September, 1850, and continued *perseveringly up to* the 1st of February, 1851, a period of four

months and a half, without any effect whatever upon the tumor except that of *arresting* its growth; but, up to this period, it had not diminished in the least.

From this time, however, it began to diminish in size, and, by the 1st of April, it had entirely disappeared. I have seen Mr. T. since, and there is not the slightest trace of any disease ever having existed, except that the skin is slightly thickened and corrugated over the part.

No treatment whatever has been employed since the 1st of April. The patient's health continued uninterruptedly good during the treatment, although he was taking ninety drops of Lugol's solution of iodine every day for more than four months, and also applying it constantly externally, yet he had no loss of venereal appetite, or loss of power in his genital organs.

I have called this a *thyroideal tumor* on account of its position, and from the fact that we do find encysted tumors occurring so near the thyroid body as, in some instances, to be actually imbedded in it.

Dr. Markoe described three cases of this kind at the meeting of the Pathological Society in October last. One of the tumors he removed by the knife, and found it about the size of a large nut, and situated on the left lobe of the thyroid body, and, on dissecting it out, he found it so imbedded in that organ as to make quite a depression, or cup-shaped cavity in the gland, and yet it was separated entirely from the organ by its own proper cyst or envelope.

The two other cases which Dr. Markoe described were, as he thought, precisely similar in character, and were entirely dispersed by the use of iodine.

I see no reason why, if these tumors had been allowed to remain, they should not have attained the magnitude and importance of that which occurred in our patient, which I look upon as of a precisely similar nature.

We have the authority of Sir Benjamin Brodie that there are other tumors beside glandular enlargements which have been dispersed by the use of iodine; and I merely furnish the present case as an additional proof of the correctness of his opinion, and also to convince others of the importance of attempting, in similar cases, what may be accomplished by *conservative surgery* before resorting to that last alternative, which is alike unpleasant to the patient and the surgeon—the knife.—*N. Y. Med. Times.*

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Diseases of Females.—We condense the following from an essay read by JOHN E. TYLER, M. D., of Rollinsford, N. H., before the Strafford District Medical Society. The essay is published at length in the *New Hampshire Journal of Medicine* for November.

After adverting to, and lamenting over, the careless and speculative manner with which diseases are too often treated in many of our medical works, causing much loss of time to both practitioner and patient, and administering a passing rebuke to practitioners who do not devote as much time, attention, and patient investigation to the many complaints to which females are liable, our author proceeds as follows:—

"For convenience sake, these patients may be arranged in two groups, according to the treatment required. There are, however, some symptoms common to both, which I will first enumerate. There is generally present and complained of a degree of general debility, and a constant feeling of languor. The countenance is pale, and wears an anxious expression. Sometimes, however, the face is ruddy and the person in full habit, but the anxious expression is never gone.

"There are neuralgic pains in different parts of the body, chiefly and most troublesome in the back and hips, and (a fact which I ask you *especially to notice) in the top* of the head; the respiration is shorter and a little *quicker than is natural.* Palpitations are common. The appetite is

capricious. The bowels are commonly confined. A continual and harassing distress is felt in the abdomen. I have often heard it expressed thus: 'I feel as if my insides were fastened to my backbone, and somebody was pulling them down out of my body;' or thus: 'When I move, my bowels seem to tumble together from side to side in a mass.' There is extreme weakness and tenderness in the lumbar region. In bad cases, hysteria is present in any of all its protean forms. At times, the patient becomes literally as pale and cold as death. The stomach seems thoroughly crazed, and vomits a characteristic fluid of a pale green color. These symptoms the two classes possess in common. In what I will style class first, there may or may not be some displacement of the uterus. Usually, it is prolapsed and more or less retroverted, and often has a hardened swollen feeling. The parts are relaxed, and without soreness.

"In class second, in addition to the symptoms which I have above denominated common, are found a greater or less degree of soreness of the abdomen; great tenderness and throbbing in the lumbar region; a general soreness of the whole skin; and a sensation of internal heat. The vagina is contracted and extremely tender; the uterus is often prolapsed or otherwise displaced, and often swollen and very sensitive."

In the kinds of cases above described, the author has recommended supporters and pessaries—absolute rest, and the recumbent position for months and months—and has employed many remedies in accordance with the recommendations of the books, without satisfying either himself or his patients.

"Without attempting to give any precise pathological views of these cases, I will at once state the following to be the objects which I have aimed at in my treatment:—

"To remove uterine irritation and subacute inflammation:

"To quiet the general nervous disturbance:

"To give tone to the nervous system:

"To give tone to the uterus and its appendages, and thus to recruit the whole body. The course I have followed has been this:—

"For patients enumerated in class first, I order a plaster of galbanum to the hypogastrium, to reach from the pubis to within an inch of the navel, and to the hips on either side; and another to the lumbar region. I direct cold water to be applied, by means of a wet roller, around the abdomen and back; and, in warm weather, *always*, and, in cold weather, *often*, the use of the cold hip-bath, with frictions afterwards once in a day. Injections per anum of cold water, or of cold Castile soap-suds—and injections per vaginam of the cold compound liquor of alum of the London Pharmacopœia—that is, of alum and sulphate of zinc; and afterwards of a decoction of white-oak bark. The whole body is to be frequently bathed with cold water, and freely rubbed afterwards. Internally, I prescribe the following pill, to be taken at bedtime:—

℞. Ext. Belladonnæ,	gr. ½;	
Ext. Nuc. Vom.,	gr. ½;	
Ext. Valerianæ,	gr. j;	M. f. pil. No. j.

and from half an ounce to an ounce of the following infusion, to be taken three times in a day before eating:—

℞. Quassiæ Excels.,	℥ss;	
Magnes. Ustæ,	ʒj;	
Aq. Bull.,	Oj;	M. f. infus.

and occasionally a draught of the decoction of uva ursi.

"If the uterus be found congested, evinced by the hardened swollen feel, I exhibit small doses of the iodide of potassium and ergot. If the patient suffers from menorrhagia, I make use of the following pill once, twice, or thrice a day:—

℞. Ferri Sulphat., }
Ergotæ Pulv., } āā gr. j;
Kino Pulv., gr. ½;
Extract. tarax. q. s. ad. f. pil. No. j.

"In treating what I have styled class second, if I find the soreness in the uterine region to be considerable, I give the following:—

℞. Potass. Cyanide, gr. ij;
Ext. Bellad., gr. j;
Aq. Camph., f℥ij;
M. S. f℥j quâque sextâ horâ.

"If the patient be quite feeble, I combine with the above a small quantity of quinine, or of tincture of nux vomica.

"At bedtime, from one to three grains of lupulin should be given.

"I order baths to the abdomen of a weak tincture of arnica, and of cold water alternately.

"When, by these means, the soreness spoken of is somewhat removed, I substitute for the above solution the following recipe:—

℞. Vin. Colch., f℥j;
Tr. Nuc. Vom., f℥ij;
Tr. Belladonnæ, f℥j;
Aq. Puræ, f℥iij; M. f. sol.
S. f℥j every six hours, and continue the lupulin.

"Injections of cold water should be used every day, both per anum and per vaginam. When, by perseverance with this plan, varied and added to, to meet particular cases, my patient comes to the condition of those described in class first, I treat her as I have already stated.

"By using the means thus detailed, faithfully and perseveringly, I have been gratified to find that one after another of the indications for treatment before stated have, in many cases, been fulfilled—that the appendages of the uterus regained their tone and strength, and the organ itself resumed its normal position—and that my patients, instead of groaning away long days and nights, became, in a measure, fresh and vigorous, and able again to call life a blessing.

"I have a few words to say respecting some of the articles used.

"*Belladonna* has long been used in the treatment of neuralgia. For the relief of pain, or nervousness dependent on uterine irritations, it is *almost* a specific. Nothing will so speedily relieve the agony of dysmenorrhœa as belladonna. And the chief reason why this agent is so much more effectual in relieving the neuralgia of females than that of males is, I believe, because the former, in a very great majority of cases, is dependent on uterine irritation.

"*Lupulin.*—This we have seen recommended to allay undue excitement about the genitals, as in spermatorrhœa, nymphomania, &c. Proving effectual for this purpose, it occurred to me that it might avail something in removing the soreness or erethism of the vagina and uterus, which is always so exceedingly obstinate. And it really is wonderful in its action.

"*Cyanide of Potassium.*—This article has a powerful influence in removing inflammatory action and active congestion of the uterus. In cases of sudden suppression of the menses from cold or fright, where there is present any degree of febrile action or tenderness in the uterine region, the exhibition of this, after the proper evacuations have been premised, will rarely fail to bring on the suspended discharge. This article should not be confounded with the prussiate of potash.

"*Quassia* has long been known to possess an anodyne as well as a tonic power. It certainly is pre-eminent among the tonics in giving tone to the *uterus and its appendages.* It was through the merest accident that I was *led to prescribe it in* connection with magnesia for these disorders. I was

much pleased with its prompt action, and *more* with the permanency of the good it wrought. I was confirmed in its use by a friend, who pointed out to me the quaint remark of an old writer, that 'Quassia, combined with some one of the absorbents, greatly availeth in cases of hysteric atony.'

"*Nux Vomica*, in minute doses, besides being a most valuable tonic to the nervous system, possesses the power of keeping the bowels in a proper condition."

Our author goes on to call special attention to a particular symptom, viz., "the intense pain and heat in the *top* of the head."* This he considers a perfectly sure diagnostic sign of uterine trouble of some sort. He is not aware of the mention of this fact by any writer.

"This pain is often extreme in females who have passed 'the turn of life' —so severe as to lead us to apprehend serious cerebral trouble. There may be no unpleasant sensations in the uterine region, or in any other part of the body. Nothing will be complained of save this agonizing pain and heat in the top of the head. Belladonna will very shortly remove this, and quassia will prevent its recurrence; and I know of no other article of the materia medica of which I can thus speak." *

Treatment of Urticaria by the Sulphate of Quinine.—This is an eruptive disease, usually distinguished by elevations of the cuticle in the form of *wheals;* it is sometimes exceedingly obstinate, resisting all the means that may be brought to bear against it. We are induced to notice this affection, because recently we have met with two or three cases that yielded only to large doses of quinine.

It is often quite simple in its nature, yielding readily to tepid baths, mild cathartics, and a restricted diet; but, again, it is accompanied with much febrile disturbance, pain in the epigastrium, nausea, fulness in the head, and a burning sensation over the surface of the body; the face, hands, and feet swell; the eyes are almost closed; the tongue is loaded with a white coat, and the itching is intolerable at times. Again, the eruption is accompanied with severe articular pains, all of which phenomena serve to complicate the exanthema, and augment the difficulties of the case. Dr. Wickham and M. Legrouse, of the Hospital Beaujon, report some cases of the worst forms of urticaria, which were promptly cured by full doses of quinine, continued for two or three days.

Treated with quinine, the articular pains, the painful tumefaction of the face, feet, and hands, the eruption itself, rapidly disappeared, together with the nausea, febrile excitement, and, indeed, all the distressing symptoms. —*New Orleans Med. and Surg. Journ.*

Action of Water on Lead Pipes.—The attention of readers is requested to the following circular of one of the Committees appointed at the last meeting of the American Medical Association. It is only by a generous and hearty assistance from their professional brethren that the full benefit of these committees is to be obtained.

To the Members of the Medical Profession in the United States.—The undersigned, a Committee of the American Medical Association to report on "the action of water on lead pipes, and the diseases which proceed from it," are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important, but hitherto generally unobserved subject. They therefore take the liberty of proposing the following questions.

* The fact here referred to by Dr. Tyler, must be familiar to most practitioners, though probably it is not sufficiently regarded by many. Those who have had the pleasure of attending the instructive lectures of Professor Hodge, of the University of Pennsylvania, will remember with how much earnestness he called attention to this *pain in the top of the head* as a diagnostic sign of uterine disturbance. *

1st. Have you, in your practice, met with cases of lead or painter's colic produced by using water drawn through lead pipes, or contained in leaden cisterns?

2d. Have you met with cases of arthralgy? If so, have they been attributable to this cause?

3. Have painful neuralgic diseases been observed by you, among persons using water thus exposed to lead?

4th. Have you seen instances of lead encephalopathy?

5th. Have you observed paralysis, as a precursor, concomitant, or sequel to either of the above forms of disease?

Answers to any or all the foregoing questions, and any facts or information as to any form of disease originating in the use of water impregnated with lead, will be very gratefully received. Accurate descriptions of all cases would be very desirable, especially their early history. It will also be very important to know the length of time each individual case had been exposed to lead before the disease became manifest.

As the report must be made at the Annual Meeting of the Association, to be held in Richmond, Va., in May next, it is desirable that all information should be forwarded to any one of the Committee previous to the first of March next.

HORATIO ADAMS, Waltham, Mass.
SAM'L L. DANA, Lowell, "
JOHN C. DALTON, " "
} *Committee.*

Waltham, Dec. 5th, 1851.

P. S.—Editors of Medical Journals and publishers of newspapers, throughout the Union, are respectfully requested to give the above an insertion in their respective Journals.

American Medical Association.—Committee on the Radical Cure of Reducible Hernia. To the Members of the Medical Profession throughout the United States.—The undersigned are a Committee of the American Medical Association, to report on "the radical cure of reducible hernia." They are desirous of obtaining from their professional brethren any information that is calculated to throw light on this important and interesting subject.

They therefore take the liberty of proposing the following questions. An answer to any or all of them, or any facts connected with the branch of surgery on which they are directed to report, would be gratefully received.

1st. Have you been in the practice of treating reducible hernia with a view to its radical cure?

2d. Have you ever performed any surgical operation for this purpose?

3d. If so, please to describe the operation and the mode of performing it.

4th. What proportion of cases, of all in which you have operated, has been cured?

5th. Have any alarming or fatal effects, in any instance, been caused by the operation?

6th. If so, please to describe them.

As the Report must be made at the Annual Meeting of the Association, to be held in Richmond, Va., in May next, it is desirable that the answers to the above questions should be forwarded to any one of the Committee on or before March 1st, 1852.

GEO. HAYWARD,
J. MASON WARREN,
S. PARKMAN,
} *Committee.*

P. S.—Editors of Medical Journals and publishers of newspapers, throughout the United States, are respectfully requested to give the above an insertion in their respective Journals.

BOSTON, November 26th, 1851.

THE

NEW JERSEY MEDICAL EPORTER.

VOL. V. SECOND MONTH (FEB.), 1852. No. 5.

Case of Fracture of the Skull, with Loss of a Portion of the Substance of the Brain; Recovery. By JAMES C. FITCH, M. D.

ON the 19th of July, 1849, George D. Fitch, aged eleven years, son of the writer, was thrown from a horse, and after regaining the erect position, was kicked by the animal on the head. This occurred about seven o'clock, P. M.

He was borne to his residence perfectly insensible, and in a state of complete prostration. On examination, there was found a compound comminuted fracture of the skull, at the superior part of the junction between the right parietal and temporal bones; a portion of the bone, about two and a half inches in length by about an inch in breadth (or the width of the horse's shoe), having been driven in upon the brain.

The hemorrhage was profuse, and in dressing the wound a portion of the brain came out. Reaction did not take place until four o'clock the next morning, patient still remaining in a comatose state.

July 20th. Dressed the wound with Dr. W. P. Clark,* of Belvidere, when another portion of brain came out.

21*st.* In dressing the wound to-day, a portion of the brain one inch in length protruded, but was confined by the membranes. Patient manifested sensitiveness when this was touched; but in other respects continuing in the same insensible condition as heretofore. Not able to swallow anything. The strength of

* To Dr. W. P. Clark, my friend and more than brother, I would here tender my grateful acknowledgments for the promptness with which he responded to my call, and for his punctual and daily attendance for more than three weeks (though living at a distance of ten miles), as well as for the consolation he afforded me in my affliction.—J. C. F.

two or three persons is required to keep him on the bed, and he lies still at no time more than three minutes.

25*th.* Continues much in the same condition. Put a little water in his mouth, part of which ran out. A little seemed to go down the throat, and gave rise to strangling and spasms, resembling somewhat spasms of hydrophobia.

27*th.* Opened his eyes for the first time since the accident, and took notice of a glass of water in my hand, and seemed desirous of drinking, but was unable to swallow. An hour afterwards, he again opened his eyes, and the water was offered him, of which he seemed to swallow a little. In another hour, he by looks expressed a desire to drink, and on presenting him the glass, he bit a piece from it, which he held so firmly in his mouth that it was with great difficulty extracted. Up to this time he had received no nourishment whatever, except from enemas of arrow-root and milk.

28*th.* Looked up and spoke a word indistinctly—being the first word he had spoken since the accident. For the first time he seemed to recognize his friends. He also to-day received nourishment into his stomach for the first time, taking every two hours a teaspoonful of milk, thickened with arrow-root; this was continued until Wednesday, August 1st, when one cracker in twenty-four hours was added to the above. This plan of giving nourishment was continued till Friday, August 3d, when he rejected all that had previously been given by the mouth, showing that the stomach had been incapable of performing its function. The act of vomiting exhausted him to such a degree that we feared the vital force was expended. A few drops of strong brandy were given every few hours, and in the course of two days he had regained his former position, and from that time the nourishment given him by the mouth seemed to be digested without difficulty.

Aug. 9*th.* Patient having had no discharge from the bowels since the accident, at the recommendation of my friend Dr. Clark, a suppository was given, which had the desired effect. The wound looks well. Two pieces of bone were removed. Patient seems to be perfectly sensible, and, though he has great difficulty in articulating, converses on ordinary topics. He has no

recollection of what has passed during the last few weeks, expressing by his looks much astonishment, when informed of the length of time that has elapsed. Has the appearance of just having awakened from a sound sleep.

13*th.* Wound looks well. With assistance, he got up and walked across the room.

15*th.* Appetite and digestion very good. Bowels moved daily by injections.

18*th.* The wound still improves, and with it his general health. Experiences much difficulty in articulating some words. Recognizes persons and things, but cannot call their names, though when the name is once repeated, he retains it. For instance, a friend called to see him; and though he seemed by his looks to recognize him, he could not call his name until it was repeated to him, after which he had no difficulty as far as that particular individual was concerned. All eatables he calls *bread*, until he hears their names called. When he wishes an article of which he cannot call the name, he can describe it and compare it to things of which he does know the name, so that he can be understood.

His loss of memory seems also to involve the memory of things as associated with taste. For instance, being very fond of raspberry brandy, he desired some, but not being able to call it by name, he succeeded in giving his mother to understand that it was kept on an upper shelf in a cupboard in the room, and with considerable difficulty made her understand that it was in a bottle. Fearing the stimulant effect of the brandy, it was easy to satisfy him with a little sweetened water, which he supposed was the raspberry brandy.

Sept. 14*th.* Wound continues to improve. Patient has been out riding. Recollects the circumstances connected with the accident, and relates them very correctly. Continues to experience difficulty in articulating some words. Still recognizes persons and things without being able to call their names.

Oct. 19*th.* Wound slowly healing, discharging a large quantity of pus daily. Complains when he coughs. Memory, and the difficulty in articulating words improving.

Nov. 19*th.* Wound still discharges. Complains of weakness

in his *right* arm. Very active; health good; articulation improving. Goes to school. Has difficulty in remembering some of the letters of the alphabet, and some words. Has difficulty in forming some of the letters in writing. His memory fails in mathematics, but when one example is performed for him where he left off in algebra, his knowledge is revived, and he can perform other examples without assistance.

25*th.* In dressing the wound, a portion of bone came out.

Dec. 3*d.* Wound still discharging. A small piece of bone came out.

19*th.* Five months since the accident. Wound still discharging. Two small pieces of bone came out.

Jan. 19*th*, 1850. Wound still discharging.

March 19*th.* Wound discharges a great deal. Health very good.

May 9*th.* Extracted a piece of bone from the wound which caused a profuse hemorrhage. This is the largest piece of bone that has come away.

June 13*th.* Extracted a piece of bone.

July 19*th.* One year since the accident. Wound still discharging. A piece of bone looks as if it would come away soon. Enjoys good health, learns well, is active, and in all respects mentally sound.

Sept. 1*st.* Wound seems closed. 15*th.* Wound discharging much matter. 16*th.* Extracted a portion of bone.

Dec. 20*th.* Extracted a large piece of bone, after which the wound closed up and is perfectly sound to this day, Nov. 16, 1851.

Hope, Warren Co., N. J., *Nov.* 1851.

Remarks on the above Case. By S. W. Butler, M. D.

The rare occurrence of severe injuries to the brain, and the very great danger that necessarily accompanies such lesions, when they do occur, combine to throw around them an interest which attaches itself to no other species of injury. Until the celebrated Perceval Pott, by his judicious teachings and

writings, completely revolutionized the whole plan of treatment in injuries to the brain, they were much more frequently fatal than at present. Perhaps in no one department has modern surgery achieved a greater triumph than in this. It is a popular notion, and even some of the profession are involved in it, that injuries to the brain, more especially where any portion of its substance has been lost, necessarily involve loss of life.

Such, indeed, was generally the case before the observations and untiring energy of Pott, and others of his time, introduced more rational methods of treating such injuries than had been pursued before. Yet we doubt whether the credulity of even a Pott would not have been somewhat taxed, had he read reports of the success in treating some cases of injury to the brain which have occurred in modern times. Doubtless some of our readers may remember a case published two or three years since, by Dr. Harlow of Cavendish, Vermont, in which a man recovered after having had an iron bar or "tamping-iron," three feet seven inches in length, one and a quarter inches in diameter, weighing thirteen and a quarter pounds, driven "with a crash" through his brain high into the air, and thrown several rods beyond him, where it was picked up "covered with blood and brains!" This is no fancy picture, drawn to task credulity, but a well authenticated fact. The patient, Phineas P. Gage, is probably still alive, and retains in a perfect degree his mental powers. Indeed, at no time during his recovery, was his mind seriously affected. In this case, the iron bar entered near the angle of the lower jaw of the left side, and passing upwards, involved the left eye, so as ultimately to destroy vision in it, and finally passed out near the centre of the frontal bone just in advance of the coronal suture. It therefore, in its course, involved only the anterior lobes of the brain, consequently, not necessarily involving those parts, whose peculiar function it is to govern the movements on which life is absolutely dependent. Probably there is not on record a case of recovery from such an extensive lesion of the brain as the one just mentioned.

Indeed, though the writer has examined a number of surgical works, he has not succeeded in finding the report of but one other

case of injury to the brain, with loss of a portion of its substance, followed by recovery. This was published by a Dr. J. Snyder of Va., during the last year, in the *Stethoscope, or Virginia Medical Gazette.* Two cases published by the late Prof. Sewall, of Washington city, are referred to by the American editor of *Cooper's Surgical Dictionary*, but we have not succeeded in procuring the Journal containing them.

So far as the writer has examined, Pott neither reports nor speaks of a case where any portion of the substance of the brain was lost. In the case spoken of above, reported by Dr. Snyder, the patient, a lad about eight years of age, was run over by a horse, and thrown against a stone, which caused an extensive fracture and loss of a considerable quantity of the cerebral mass. These, with the rapid recovery, were the principal points of interest mentioned in this case. The patient recovered from the effect of the injury in less than four months.

In the case reported above by Dr. Fitch, there are several points of very great interest in a physiological as well as a pathological point of view. We have neither time nor space to do more than refer to them now, leaving our readers to comment on them at leisure.

As the injury received was by a blow on the side of the head, it is evident, that aside from the fracture and depression caused by the blow, there was a possibility of another effect, viz.: extravasation on the opposite side, the result of what the French term *contre coup;* and that this did occur, seems probable from the fact that there was, as long as four months after the receipt of the injury, a weakness in the patient's *right* arm. Another thing worthy of attention is the fact, that the jactitation and the spasmodic action in the fauces, when the patient attempted to swallow fluids, bore some resemblance to the morbid nervous action of a patient laboring under an attack of hydrophobia. It is evident, that the nervous influence supplied to the stomach, was insufficient to enable it to perform its function for the period of two weeks, during which time the patient was nourished wholly by enemata of milk and arrow-root; and that the lower bowels readily assumed the duties thus thrown upon them, is proved by

the fact that, although these injections were used daily from the time of the accident, yet it was full three weeks before there was any discharge from the bowels, when a purgative suppository was used with success.

Another interesting feature in the case is, the great length of time that elapsed before all the fragments and spiculæ of bone were discharged, viz., one year and five months. During all this time, although an exhausting drain was kept up, and that so near the brain, the patient improved constantly both mentally and physically.

But there still remains the most interesting feature in the case, viz.: the effect of the injury on the patient's mind, and on at least one of the organs of special sense—the taste. Why was it that the patient retained the memory of the *countenance* of an individual while he had forgotten his *name?* On what physiological principle was he able to describe the shape, size, appearance, and position of an article he desired, while he could not call it by name? Why did he find it so difficult to remember the names of *some* letters of the alphabet, while he had no difficulty whatever with *others?* To say, simply, that he had lost the memory of *names*, is by no means a sufficient answer to these inquiries. It would seem too, that the effect on the *taste* involved not the *loss* of that sense, but the inability to remember the taste belonging to a particular article.

The writer, not feeling competent to undertake the solution of the interesting questions started in this connection, will here bring these already too extended remarks to a close, with the hope that others may be led to think and observe on the subject, should they have the opportunity to do so, and record minutely such facts as may present themselves.

Burlington, N. J., *Jan.*, 1852.

Cases exhibiting the Evil and even Dangerous Effects resulting from the sudden Suppression of Discharges, Pain, &c. By GEO. J. ZIEGLER, M.D.

ALTHOUGH it is a well-known fact that the sudden suppression of secretions, discharges, pains, &c., will generally produce affections or disturbances, by metastasis or otherwise, of the different organs and apparatuses of the body, varying in intensity according to that of the excitant and deranged action, it is believed that the report of the following cases may possibly prove not only interesting, but perchance instructive.

The first case was that of a little girl about ten years of age, of a nervous temperament, thin and delicate, in whom vomiting and purging had been incautiously suppressed. Finding her with a high fever, &c., I was induced, from the condition and circumstances, to believe that they were sympathetic and dependent primarily on the local irritation, from the presence of some foreign matter thus locked up in the alimentary canal; and, therefore, acted in accordance with such views by prescribing remedies to allay nervous and arterial excitement, and promote alvine evacuations; which had the desired effect, not only by sedation and catharsis, but also by emesis, and resulted in speedy recovery.

Case second was that of a young married woman, about twenty-three years of age, of a bilio-nervous temperament, who was suddenly seized with delirium. On my entrance into the room, about 5½ P.M., and, probably, nearly one hour after its commencement, I found her sitting up in bed, though somewhat restless, moving from one part to another, talking continuously and rather hurriedly, yet dispassionately; the tenor of the train of thought, from its expression being more of a repining character, indicative of a former state of mental uneasiness, approaching anxiety and even suffering; at the same time a quantity of frothy saliva was constantly issuing from her mouth. She appeared, at first, to be somewhat absorbed in this train of thought, except occasionally, and particularly when interrupted or otherwise disturbed by those around her. When her attention was thus temporarily withdrawn, she would become highly excited and vociferate against

them most passionately. Though, as thus shown, perfectly sensible to the presence of persons about her, yet recognizing them only partially and occasionally during temporary and imperfectly lucid intervals, having lost apparently all knowledge or recollection of the persons of her mother and husband, considering them, although present, as strangers, and, as well as the rest, intruders, yet frequently referring to them, and desiring their presence, complaining of their protracted absence, and even neglect for not hastening to her immediately. This may have been, however, mere subterfuge; for it is well known that in similar conditions persons will often practise this species of deception, for the advancement of their own selfish or vicious purposes; though such did not appear to be the case in this instance, the aberration being rather dependent on the degree of abnormal action. Another feature in the case was, that during all this time she was scarcely controllable except by very gentle and persuasive means, coercion having been repeatedly attempted by those in attendance; which, of course, only increased, as might have been expected, the already too excessive excitement.

On inquiry, I could ascertain no certain cause for the attack, or gain any positive information respecting it, except that she had been seized suddenly a short time before, and a belief existing that her menses had been previously disturbed or completely arrested. After an examination and consideration of the circumstances connected with the case, the condition of the general system, character of the attack, special derangement, &c., I concluded it was one of that class of cases dependent upon the diversion of the nervous and circulatory afflux, or the metastatic transmission of irritation from one organ to another—in this instance from the uterus to the brain and nervous system, the affection being still more in the irritative stage, and consequently with excited action of the organs so implicated, increased as yet only to such an extent as to produce this state of delirium and restlessness. In accordance with the principle above indicated, therefore, I endeavored to moderate the excessive irritability, and succeeded in soothing and controlling her by the employment of mild measures, as it was only by such means that she could be induced to submit at all to the institution of any

treatment whatever; at the same time directing a hot pediluvium, containing mustard, as a diverticulum; thus withdrawing and directing the tendency and current of the circulation and superabundant nervous influence from the cerebral and spinal centres to the generative apparatus and lower extremities, and to render this more immediate and perfect, and promote more effectually the restoration of the vital equilibrium, the following was exhibited internally:—

℞. Chloroform f℥j;
Camph. gr. x;
Muc. Acac.,
Syr. Simpl., āā f℥j.
M. Sig. Teaspoonful every half hour.

Remaining until after she had taken two doses of this mixture, and finding that she was becoming more quiet and better, I left, returning again at 10 P.M., when I was gratified to see my patient perfectly conscious, though apparently very much ashamed and mortified at her temporary indisposition. I then ascertained positively that her menses had been suddenly arrested, but from what cause she was either unable or unwilling to give me any very definite information. From what I could gather, however, I was induced to believe that the remote predisposing causes were, as they are in thousands of instances of similar or opposite derangements, sedentary habits and mental uneasiness, and even unhappiness; the more immediate, being exposure to different temperatures; she having been, for several hours the evening previous, in a large assemblage of persons in a necessarily very oppressive atmosphere and high temperature, which doubtless excited unduly the circulatory and nervous, and, particularly, the secretory functions, thus disturbing the vital harmony, and during the time of the state of sedation subsequent to, and dependent on, such vital acceleration, was subject to some undue mental excitement which became the exciting cause; thus inducing, more particularly, the special nervous and circulatory afflux to be transferred from the uterus and its appendages to the cerebral and nervous centres. I was also informed that after my departure only one more dose of the above mixture was administered, when the excitement completely subsided and she became perfectly calm and

conscious. Finding, therefore, her system very quiet, and herself consequently very comfortable, it was not necessary to prescribe anything further; hence, merely left directions that if, during the night, she became at all restless or unable to sleep, to administer the above *pro re nata.* On calling the next morning I found that she had been down to breakfast, and had not found it necessary, the previous night, to resort to anything further, having rested well without. As her menses had not returned, I now prescribed some aloes and myrrh, and on my next visit was informed that they had operated on the bowels, and re-excited the flow of the menstrual fluid.

There are some reflections and interesting circumstances connected with this case, probably worthy of some slight consideration, namely. In the first place, it to a certain extent exemplifies the unfavorable influences of sedentary habits, mental emotions, &c., either of an elevated or depressed character, on human health. Second, the injurious effects arising from the pernicious custom, especially in large and populous cities, of crowding great numbers of persons in close rooms deficient in ventilation, and in which the temperature must necessarily become uncomfortably elevated, and the air highly vitiated by the presence of such large masses; and also from the additional influence of the unhealthy mental excitement often induced by the performances of, and incidental to an attendance on, many so-called places of amusement; and the additional stimulus thus afforded to the cerebral, nervous, and vascular systems, with their consequent depraved influence on all the functions of life, followed by the usual state of depression resulting from such exposure and excessive functional excitement; and the necessarily increased activity of the influences thus superadded to those of the ordinary accidents and occurrences of life on systems so subjected, thus producing derangement after derangement of the delicate movements of the organism until the vital energies become finally so much impaired as to be rendered incapable of supporting themselves under the successive and repeated trials to which they have been and are being so constantly subjected; and ultimately terminating either in a permanently partial failure of life action, or its more immediate, complete, and premature destruction.

These remarks are also applicable to places of instruction, &c., our medical schools included, in which it must be said there is not that attention bestowed upon the regulation of the temperature and the admission of pure air that the subject deserves, as those in attendance on them so frequently experience by the mental and physical languor so often and gradually induced.

Third, the peculiarities of the attack and the accompanying mental manifestations; exhibiting and exemplifying the influence of the cerebral actions in modifying or arresting discharges and secretions, and causing metastatic transmissions of irritations, &c.; and, in fact, of disturbing and destroying generally the vital harmony.

Fourth, in the treatment of affections analogous to the one described, the favorable and beneficial influences obtainable by the institution and employment of mild, moderate, yet firm measures, rather than those of a harsh and forcible nature. This principle in the treatment of the insane is so well recognized now, by the profession, that it would seem to be almost a work of supererogation to call attention to it; yet, notwithstanding it is so fully acknowledged, it does not appear to be so fully acted upon, especially by the *ex professio;* therefore it is our duty to instruct them in the importance and necessity of such a course in the vast majority of cases; there being sometimes, of course, exceptions, in which more active and determined measures become necessary.

Fifth, the advantages derivable from the internal administration by the stomach, in contradistinction to inhalation, in analogous conditions, of such agents as chloroform. There are several reasons why this mode of exhibiting these remedies, and this one particularly, is preferable; first, the quantity given is certainly known, thus having the power of graduating the dose to any extent; second, the anæsthetic or sedative influence is more gradual, yet sufficiently rapid for most cases, which action is more desirable generally than a sudden and powerful impression, and, therefore, more under control, the effects being thus capable of more positive graduation from a scarcely perceptible state of sedation to complete anæsthesia; third, the state of primary excitement, so often accompanying its rapid introduction by the usual

mode of inhalation, arising, probably, from its sudden presence in the circulation, and its somewhat consequent mechanical disturbing action on the nervous centres, is thus completely abolished; fourth, the danger from its use is greatly lessened or entirely destroyed; fifth, in difficulty or doubt of diagnosis, calling, however, for such remedies, they can be exhibited in this way with beneficial effects and without risk, even in active inflammation of the brain, being direct cerebral and nervous sedatives, whilst, if given by inhalation, they are apt to prove injurious, and accidents are more likely to occur, either, as before indicated, by their sudden and primary mechanical stimulant action, or by the direct sedation from the excessive quantity introduced, thus overpowering and destroying the vital energies, even when given by the most learned and careful; and particularly more liable to result from the ignorance or carelessness of the administrator, when it becomes necessary to trust them in the hands of those unacquainted with their properties, which have hitherto formed, and still present, great objections to the more extensive employment of these most excellent and powerful therapeutical agents. By the adoption, more generally than at present, therefore, of this mode of exhibiting these remedies in numerous instances, and particularly in the more medicinal, in contradistinction to the strictly surgical cases, the greatest, and, in fact, all of the ordinary danger is removed, and numerous advantages secured.

These observations are not, however, entirely based upon this single case, but also upon the use of chloroform, more especially, in the manner described in other cases in which it was indicated; as, for instance, in inordinate labor and after-pains. Still, my experience has not been sufficiently extensive to permit of positive declarations upon this point from greatly enlarged data, though, so far as it extends, it is highly favorable so as to induce its further use in such cases or conditions, and especially where there is undue excitement of the nervous and vascular systems, particularly before, during, or subsequently to labor; and this class of these remedies may thus also, probably, become, to a certain extent, a substitute for general depletion, to which there are often numerous and great objections, yet obliged to be resorted to as a lesser evil. Therefore, by these means, irritation may be

suspended or completely allayed, and its consequences prevented, and secretion, relaxation, and normal action promoted, which are often especially desirable in the progress of the parturient effort, and in which a temporary or protracted, partial or complete sedative or anæsthetic action, is frequently of the highest importance, not only with regard to the preservation of the life of the mother, but also of the child; hence, it is confidently believed that this method of administering these agents, in such and numerous other conditions, is not only preferable but will also supersede, to a great extent, that by inhalation; and that it is safer, less troublesome, the action as certain and more protracted, and more under the control of the exhibitor, there is not a particle of doubt.

These cases are intended to illustrate the principle that a similar disturbance or change will affect individuals variously, and in different degrees, according to their activity, &c., and the age, sex, habits, temperaments, condition of health, &c. Thus in some, from analogous circumstances to the above, simple derangements, as headache, irritative fever, &c., may be produced; in others, delirium or mania of different intensities may result; in others, again, the tendencies and action may be so energetic as to induce spasms, epilepsy, apoplexy, paralysis, &c., or even so immediately active as most effectually to produce complete destruction by a suddenly fatal termination, not only from the violent circulatory afflux, but also assisted by, or exclusively dependent on, the shock so generally; an accompaniment of such organic and nervous disturbances of the economy.

PHILADELPHIA, *Dec.* 30, 1851.

A Description of Dr. Hunton's Yoke Splint.

By ARIEL HUNTON, M. D.

I PROPOSE to give you a description of my yoke splint, which I think will be acceptable to the Faculty.

Twenty-one years ago, last November, 8th day, at eve, I was called to a Mr. Allard, in the town of Johnson, and was informed *he had* dislocated his arm at the shoulder. I looked at

the patient, and saw the usual depression in dislocations of the part. I placed my fingers on the deltoid muscle, and perceived the soft yielding usual in such cases, but did not examine thoroughly, as I ought in any similar case; but pronounced it a dislocation, and prepared to reduce it. When I raised the arm, I felt and heard a crepitus, which corrected my diagnosis. In order to avoid exposing my carelessness, I did not enlighten my assistants, but called for rags and bandage, made a pallet of the rags for the axilla, and the figure of eight bandage, and dressed it (as I supposed) *secundum artem.* I am thus minute, that all may see the propriety of thorough examination, before expressing an opinion.

I returned home in the evening, three miles, reflecting—this is not the best way to dress a fracture of the cervix scapulæ. After retiring to my bed, I could not sleep, but pondered three hours by the clock, on the fracture I had lately done up, and thinking there is a better way. The thought at length came into my mind to use a splint resembling a sap yoke; I ruminated until I became satisfied that *this* mode would be preferable to any other I had seen.

The next morning I visited my patient, procured a mechanic, and had him adjust a splint according to my directions. Have it made to sit easy on the shoulders, stuffed or lined with cotton batting, the length to jut a trifle beyond the shoulders, with a pin near the ends of the splint. Firstly, apply the splint to the shoulder, then put a double kerchief under the axilla of the sound arm, and tie it over the splint, the pin keeping it in place.

The next step is to tie another kerchief under the fractured arm, and bring the top of the shoulder in contact with the splint; place the arm in a sling, and confine it to the side, and the work is done, and *well* done. There are no tight bandages or unyielding, tight-fitted splints, to cause swelling and inflammation. Lotions or any other applications are seldom required.

This splint is as well adapted to fractures of the acromion process or clavicle, as for the cervix scapulæ. If either of the fractured ends of the clavicle protrude upward, which is usually the case, lay on a compress, and cause by the splint the pressure required.

I have used this splint twenty-one years, with success and satisfaction to myself, that it is the best apparatus for those fractures.

Soon after making and applying my first splint, I sent a description of it to Professor Parker, then connected with the Woodstock School of Medicine. He procured one, presented it to his class, and recommended it as the best apparatus for those fractures.

I wish it known as Doctor Hunton's Yoke Splint.

HYDE PARK, LAMOILLE Co., VT., *Dec.* 1851.

Thoughts on the Influence of Malaria on Man.

By F. A. KINCH, M. D.

IN reading an article in your Reporter (Vol. V. No. 1), I was struck with a question boldly put forth: as to whether any one dare assert that he had ever seen a case of fever produced by malaria, without some other agency to which he might not, with equal propriety, refer, as a probable cause of the malady? I shall not attempt to give my opinion as to what malaria is, whether simple or compound, generated by animal or vegetable decomposition, or aqueous or aërial changes, solar or lunar influences, or whether from a redundant or an insufficient supply of electricity in the atmosphere. This agent, as yet, is not appreciable to our senses, weighed by our balances, nor has it ever been in our power to test its principles by chemical or philosophical analysis; for although much labor and time, both mental and physical, have been spent in the attempt for nearly two hundred years, when Lancisi first put forth distinct ideas of malaria; yet, as regards its chemical and physical properties, we as yet know comparatively nothing. Still, notwithstanding its obscurity, we, from observation, experience, and analysis, are bound to admit its existence, and to believe that certain diseases, particularly fevers of the various types, have their origin from the presence of this miasmatic poison. The manner in which this question is

put forth, would naturally lead us to suppose that fevers might have their origin from other causes, making malaria to rank among exciting causes, such as exposures and indulgences of different kinds, a redundant or deficient supply of electricity in the atmosphere, &c., &c., &c., which appear to me only the opening of the doors of the system, and inviting the approach of malaria to scatter her foul seeds of disease. Can malaria have any effect on a system in health, or on one that has not been disordered or deranged by some violation of nature's laws? Is not malaria a subtle, imponderable, invisible agent, existing in certain localities, under peculiar circumstances, of the causes of which (like attraction) we know nothing? And may not an individual live amid this effluvia with perfect safety, so long as nature is uninterrupted and undisturbed by any of the exciting causes? just like the flint and steel, which would never ignite the tinder if force were not applied; neither will oil and water unite without an alkali; so there seems to me to be no affinity between man in health and malaria. All these so-called exciting causes may well be called the alkali between man in health and malaria. Is it probable that fevers and diseases that are now generally supposed to be consequent upon the presence of malaria, would have a being, were the atmosphere pure and unadulterated, free from any miasmatic poison? Would these indulgences in exposure, fatigue, or impropriety, be sufficient of themselves to develop fever, intermittent, remittent, or typhoid? or would not the fever resulting from such indulgence, as soon as the effect of the dissipation had passed off, terminate in health? I may be far from the opinion of my medical brethren in supposing that malaria always stands ready to enter the constitution, and then spread its devastating influences, where the least susceptibility of the system exists, upon which it is enabled to act. There seems to be engraven in brazen characters, on the brow of human nature—Watch, guard, and protect, for the enemy is without. Our constitution seems capable of undergoing just so much fatigue, of enduring just so much exposure. Each organ or set of organs seems capable of being taxed to a limited extent, (more under certain circumstances than others,) and it appears to me, so long as we keep within our limits or fixed boundaries, we are

like a well-fenced city, that cannot be taken by the enemy; but every stone or part of the structure that may fall, either from accident or decay, renders the citadel of more easy access to the assaults of the enemy. So, in like manner, until we abuse, trespass, or trifle with our constitution, our system seems capable of bidding defiance to the effects of malaria.

WESTFIELD, N. J., *Dec.* 1851.

Case of Ossification of the Spleen, &c. By EDWARD M. PORTER, M. D.

S—— F——, aged about sixty years, living in a malarious district, was the subject of repeated attacks of intermittent fever, and consequently serious diseases of the viscera supervened.

He was for some years more or less under the notice of my preceptor, Dr. E. Fithian, during which time a very hard tumor was developed in his left side. It was subjected to the examination of different physicians, but from its peculiar situation, &c., none ventured to give a positive diagnosis; however, symptoms of dropsy of the chest came on, and ended his existence.

Upon post-mortem examination, we found considerable effusion in the cavities of the chest and abdomen; the heart and its membranes enlarged to double their normal size, and the left lung correspondingly atrophied; the liver somewhat larger than natural, but its structure seemingly healthy; the gall-bladder we found nearly filled with stones, the largest of which, occupying the base of the sac, was about the size of a play marble. The spleen was not altered so much in size as structure, part of it being completely ossified, and so adherent to the parietes of the abdomen, that it was quite difficult to separate them.

I submit this case to your readers, with no more comment than to express my astonishment, that there could have been such a walking laboratory of disease; and to notice the value of pathological investigation.

It is a matter of surprise, what extensive organic lesions and

encroachments can take place in the body, with so little comparative indication, or distress; and we can only account for it, by believing the morbid condition to be the result of slow and gradual development, and the almost unlimited natural powers of the system to resist disease.

BRIDGETON, N. J., *Jan.* 9, 1852.

BIBLIOGRAPHICAL NOTICES.

The Elements of Materia Medica and Therapeutics. By JONATHAN PEREIRA, M. D., F. R. S., and L. S. *Third American edition, enlarged and improved by the Author, including Notices of most of the Medicinal Substances in use in the civilized world, and forming an Encyclopædia of Materia Medica.* Edited by JOSEPH CARSON, M. D., Professor of Materia Medica and Pharmacy in the University of Pennsylvania, &c. Vol. I. Philadelphia: Blanchard and Lea, 1852: pp. 837.

THE title of this work expresses its character. It is truly an "Encyclopædia of Materia Medica." Since the last edition, the Dublin, London, and United States Pharmacopœias have undergone revision and been republished, and the discoveries and improvements in this branch of science, which have been made since that time, are embodied in the new edition; it is, therefore, much more complete and comprehensive than its predecessor. The demand for the new edition, so greatly improved, has induced the publishers to issue the first volume separately; the second may be expected in July or August of the present year. We are indebted to the publishers for the work, and hereby offer our acknowledgment of its acceptance.

A Practical Treatise on Diseases of the Urinary and Generative Organs in both Sexes. By WM. ACTON, late Surgeon of the Islington Dispensary, and formerly Externe at the Female Venereal Hospital, Paris. *Reprinted from the second London edition, with additional illustrations and colored plates.* New York: J. S. Redfield, Clinton Hall, corner of Nassau and Beekman Streets, 1852.

WE are indebted to the publisher for this valuable work of Acton. More than 450 pages are devoted to the consideration of the subjects embraced in the title, and, so far as we can judge by a hurried notice of its contents, they are treated with a systematic precision which is not usual in books upon the various forms of venereal disease. Eight finely-colored engravings exhibit the process of excoriations, ulcerations, vegetations, balanitis, eczema, chancres, &c., which may greatly assist the inexperienced in forming a diagnosis; for, from the necessity of the case, but few general practitioners can embrace within the sphere of even an active professional life the entire scope of medical and surgical science; and it well becomes us to be in possession of such data as will guide us with safety when thrown aside from our accustomed walks; hence the country practitioner, though he rarely meets with venereal disease, should prepare himself with sound authority to which he may safely refer when his aid is demanded in cases where experience could not be brought to bear in the treatment.

The volume before us seems to promise a great deal to such; and, on this account, aside from its intrinsic merit, we shall value it as an important addition to our library.

Manual of Diseases of the Skin, from the French of MM. Cazenave and Schedel; with Notes and Additions. By THOMAS A. BURGESS, M. D., Surgeon to the Blenheim St. Dispensary for Diseases of the Skin, &c. *Second American edition, enlarged and corrected from the last French edition, with additional notes.* By H. D. BULKLEY, M.D., Physician of the New York Hospital, Fellow of the College of Physicians and Surgeons, New York, Lecturer on Diseases of the Skin, &c. New York: S. S. and W. Wood, 261 Pearl St., 1852. pp. 344.

THE volume before us, received from the publishers, seems to us to fill a place long vacant in the literature of medicine. The subject of cutaneous pathology is little treated of in the schools, and when written upon in books, is often so clouded with vague illustrations as to be difficult to comprehend. The authors in question have rendered their work practical by making it simple, and, we believe, there is no subject in the whole scope of pathological research which demands simplifying more than that of skin diseases. Appended to the work is a lengthy catalogue of the principal remedies used in the treatment of cutaneous affections, embracing one hundred and twelve different prescriptions in the forms of ptisans, mixtures, solutions, syrups, powders, pills, cataplasms, ointments, liniments, caustics, baths, fumigations, &c. &c.

EDITORIAL.

PUBLISHING CASES.

WE have noticed lately a disposition on the part of some of our brethren *elsewhere*, to bring their *cases* into notice by issuing now and then a pamphlet of a few pages, descriptive of their

peculiarities of operation, or treatment, &c., while the same might have been made public, accomplished more good, reached more physicians, and gained for the author more professional credit, had it been issued through one or more medical periodicals. In our neighboring sister cities (*though younger than our own*), there are no less than five medical journals—two in Philadelphia and three in New York. They are large enough, and willing enough, to be the vehicles of any case or cases which the medical and surgical profession may deem of sufficient interest to make public; and while an accompanying plate would embellish the journal itself, and add to its interest, the few pages of information relative to its history, &c., would be equally creditable to the author and more acceptable to the profession. We repudiate medical almanacs, advertisements of cures, and wonderful cases, in the secular papers of the day, and we hold those *not* guiltless who vend under flaming puffs the thousand panaceas, pills, syrups, and cure-alls, which throng the way of life on every hand; and while there may be no secret buried in the pamphlet of the physician, and no promise of cure, yet it is out of the legitimate line through which medical news should be communicated to the profession, unless it may be that essays are too profound or voluminous to be admitted in the medical intelligencer. We throw out these suggestions, hoping that they may be sufficient to awaken a deeper interest in the support of medical *periodicals.*

ECLECTIC AND SUMMARY DEPARTMENT.

Vegetable Extracts and Quack Medicines.—The following sensible extract we cut from that excellent weekly journal, the *Scientific American*, and would take this opportunity of again calling the attention of our subscribers to the work, as well worthy the hearty support of the friends of science and the mechanic arts. *

"It is quite common for dealers in quack medicines to advertise the same as being 'purely vegetable.' This is presuming upon the ignorance of the multitude. At one time, long ago, vegetable medicines, with the exception *of alum* and sulphur, were exclusively used, and when science had de-

veloped the virtues of mineral medicines, old prejudices were soon arrayed against the evils of the 'new drugs.' The same prejudices still exist in the minds of many, hence we hear of 'herb doctors' being the most safe. They believe that mineral medicines are more dangerous; but this is all sheer nonsense, for the most virulent poisons are extracted from herbs. What is opium but a vegetable extract? and besides this, a great number of minerals are extracted from vegetables, at least they can be. Morphine, *nux vomica*, strychnia, solania, nicotine, and many other dreadful poisons, are vegetable extracts. How nonsensical, then, to speak of medicines being more safe or valuable because they are obtained from vegetables! It is well known that mushrooms—a certain kind—are cooked and used as an article of diet; yet in the class of mushrooms there are some deadly species, yea, the species generally used for the table, at some seasons, and when growing in some localities, are highly poisonous. A few weeks ago we read an account of some Bavarian officers, who were poisoned by eating common table mushrooms, and they died in the most frantic delirium, in spite of the best medical skill and attention."

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Remarks on Spinal Irritation, with Cases. By S. B. Hunt, M. D., of Mendon, Monroe Co., N. Y.—*Buffalo Medical Journal.*

This interesting article recognizes, under the head of spinal irritation, the lengthy list of functional disorders of the brain and nervous system, which have by some writers been divided and subdivided according to their favorite systems of nosology, till they have multiplied into the various forms of nomenclature terminating with "algia," "ateca," and "dynia." Dr. Hunt adopts the most simple form in the classification of diseases, and, referring the neuroses generally to spinal irritation, speaks of them as neuralgia and hysteria. It is asserted that spinal or ganglionic irritation is in many cases dependent upon either a *congestion* or *inflammatory* derangement of the circulatory system; and it is suggested that most cases of neuralgia may be accompanied by more or less febrile action; and that "all cases of spinal irritation, so far as my observation extends, are subject to slight, but well-marked chills, generally occurring in the morning, and followed by heat of skin, &c. Local depletion and quinine constitute the chief means in the treatment; the first to relieve the inflammation which sometimes exists in the neurilemma or cellular tissue of a nerve, and the second to be used as a hypnotic, to relieve pain, remove plethora, and equalize the circulation." Cases are given to illustrate the propositions which constitute the truth of the article, viz., "that tenderness in some portion of the spinal column is often an attendant in chronic neuralgic affections; and, by the employment of the means alluded to, these complaints are either entirely eradicated or temporarily suspended;" and that "congestion or inflammation constitutes the pathology of neuralgia."

Case I. "J. S., a stout laboring man, aged fifty, had been for several days suffering with acute pain in the right side, accompanied by very high fever. His physician had been unable to make a diagnosis, but is inclined to consider it typhus fever. Pulse full, hard, and frequent, skin hot, tongue clouded. I found one of the dorsal vertebræ very tender. Gave him five grains quinine, and waited to watch the effect. In an hour he was in a state of profuse perspiration, and free from pain. Applied a blister to the spine. During the night pain and fever returned, and was again relieved by quinine. Dysentery followed in a few days, and there was evidence of great portal congestion. After his recovery he suffered from neuralgic pain in the calf of the right leg."—(November, 1850.)

Case VII. "At 4 *A. M.*, I was called to Mr. R. H., a farmer, aged about

forty-five years; found him dead. I gathered from the friends the following history of his case: He had been ill three or four weeks; was first attacked, when in usual health, with insensibility. His physician supposed it to be a paralytic shock. The usual treatment was adopted with success, the patient becoming sensible, and it was then found that he had the control of his limbs. He had a strange feeling in his head, with neuralgic pain in the side of his head, occurring at intervals, and very severe. His general health seemed improving until the night of his death, when the pain became severer. He bathed his feet, and after that, lying down on the bed, he became insensible, his countenance pale and death-like, his breathing interrupted, long intervals occurring between respirations, and his pulse *continuing to beat for twenty minutes after the* last inspiration. The manner of death marks this as a case of compression of the base of the brain, and medulla oblongata. Probably the first shock was congestive, leaving behind it a little inflammatory action causing neuralgia—this inflammatory action resulting in sub-arachnoid effusion. The neuralgia under which Mr. H. suffered was in the temporal branches of the fifth pair. It is well to bear in mind that the fifth pair of nerves, although enumerated among the cranial nerves, are, in fact, spinal nerves in their functions.

"CASE VIII., of which I have no notes, is somewhat similar in its sad result. A lady had suffered much from neuralgia, particularly of the fifth pair. While, as we had hoped, she was convalescing, from a nursing sore mouth, accompanied by that erythematous inflammation of the mucous membranes of the primæ viæ, so difficult to manage, she was taken one evening with difficult inspiration. She acted a little strangely, but feeling better, soon after, no attention was paid to the occurrence, which she attributed to wind on the stomach. The next morning, after a good night's rest, she got up, walking across the floor unassisted, and drank a glass of milk. While sitting in her chair the difficult respiration returned; she felt that she was dying; her countenance became anxious (the pulse regular and full), and in two hours she expired. To what other cause was this sudden snapping of the silver cord to be attributed, than to sub-arachnoid effusion? And yet it was the first intimation we had of any cerebral disturbance, further than a slight tenderness of the cervical vertebræ, which had existed for years."

Domestic Medicines.—An anonymous writer in the *Boston Medical and Surgical Journal* for Dec. 31st, notices a circular sent out by Dr. J. F. Skinner, of Brownington, Vt., in which, if we understand rightly, Dr. S. sets forth the virtues of a set of domestic medicinal preparations compounded by himself, at the same time cautioning the public against the wiles of quacks. We should be glad to see one of the circulars referred to. Dr. Skinner's motives for preparing and offering these medicines for sale would seem to be honest, and his reasons are given at length in the *Boston Journal*, vol. xl. p. 309.

He there, in a well written and very sensible article, points out the evils resulting from the employment of quack medicines, and then proposes a remedy, which to us has very objectionable features, some of which are pointed out in the anonymous article above noticed.

Dr. Skinner, taking the ground that the public *will* resort to remedies which to them seem indicated in apparently slight affections, and in the absence of reliable preparations, will use nostrums, whose all-healing virtues they see puffed in the newspapers, thinks the evil would be effectually combated by regular physicians preparing for popular sale a set of remedies of *known virtues in certain* complaints. This, at first view plausible plan, is

opposed by the anonymous writer above referred to; and the following is the substance of one of his arguments. He says: "If the object can be accomplished by the doctor's plans, it must be by physicians, as a body, adopting his method.

"Every physician must offer medicine for sale, or at least such a number of them, that each buyer can procure an article for use, prepared by a physician in whom he can place confidence. At all events, the result would be, that the great body of the profession would each send forth his 'series of medical preparations' for sale. And what a degrading spectacle would this be! The world would have reason to distrust the whole of us."

This is a topic worthy the attention and thought of physicians; and we would call the attention of our readers to it. We may notice it more at length hereafter.

While on this subject, it may not be out of place to give the recipes of a series of preparations which enjoy a considerable degree of popular favor in Philadelphia and its vicinity. They purport to be prescriptions of Professor Samuel Jackson of that city.

We quote from an article by A. B. Taylor, in the last number of that excellent quarterly, *The American Journal of Pharmacy:*—

Dr. Jackson's Pectoral Syrup.—Dr. Jackson has furnished us with the following recipe:—

℞.	Sassaf. medullæ . . .	℥i;
	Acaciæ	℥i;
	Sacchari	℔i ℥i;
	Morphiæ muriat. . . .	gr. viii;
	Aquæ	Oi, or *q. s.*

The sassafras pith and gum Arabic are to be put into the water, and allowed to stand ten or twelve hours, with occasional stirring. The sugar is to be dissolved (cold) in the mucilage thus obtained, which, after being strained, should be made to measure two pints by the addition of water. Lastly, the muriate of morphia is to be dissolved in the syrup.

A small quantity of Hoffmann's anodyne was formerly added, to prevent fermentation; but this has been omitted, as being unnecessary when the syrup is carefully prepared.

This syrup contains one-fourth of a grain of muriate of morphia (we believe originally ½ gr.) in each fluidounce; and is given in doses of a teaspoonful every two or three hours, according to circumstances.

Dr. Jackson's Pectoral and Ammonia Lozenges are two other preparations of the same physician, and designed for a similar purpose with the above. They have both become somewhat popular remedies, and merit publication. The following is the formula for the "Pectoral Lozenges:"

℞.	Pulv. ipecac.	gr. x;
	Antimon. sulph. præcip. . . .	gr. v;
	Morphiæ muriat.	gr. vi;
	Pulv. acaciæ . . . }	
	" sacchari . . . }	ää ℥xi;
	" ext. glycyr. . . }	
	Tinct. tolut.	℥iv;
	Ol. sassaf.	gtt. iv.

The above to be made into a stiff mass with simple syrup, and divided into 200 lozenges, or into lozenges of ten grains each.

The formula given by Dr. Jackson for the "Ammonia Lozenges" is as follows:—

℞.	Ammoniæ muriat.		ʒifs;
	Morphiæ muriat.		gr. iii;
	Pulv. ulmi		ʒvi;
	" acaciæ	}	ää ʒvii;
	" sacchari		
	" ext. glycyr.		
	Tinct. tolut.		ʒiii;
	Ol. gaultheriæ		gtt. iv.

To be made with syrup as above, and divided into 180 lozenges, or into lozenges of 10 grains each. S. W. B.

Retro-Pharyngeal Abscess, its Medical History and Treatment, &c. By CHARLES M. ALLIN, M. D., Resident Surgeon of the New York Hospital.—A reprint from the *New York Journal of Medicine*, of an article with the above title, deserves *condensation* for our readers.

Position of Abscess.—Between the posterior wall of the pharynx and the cervical vertebræ.

Acute Abscess, Predisposing Causes.—Same as predispose to the formation of abscess in other parts of the body; may be the result of hereditary scrofulous taint, of the poison of syphilis, of long-continued habits of intemperance, of difficult dentition in children, of scarlatina, variola, &c., &c.

Exciting Causes.—Exposure to cold, followed by inflammation of the pharynx itself, which, terminating in suppuration, deposits the pus between the pharyngeal fascia, and the muscles lying upon it; or inflammation of the lymphatic glands behind the pharynx, where these glands are found to exist, or by a foreign body, as a fish bone, passing through the posterior wall of the pharynx and forming the nucleus of abscess, or by retrocession of erysipelas, stricture of œsophagus, rheumatism, &c.

Chronic Abscess.—Predisposing causes of the same character as in the acute form of the disease.

Exciting Causes.—Caries or tubercular disease of the cervical vertebræ, progressing nearly in the same manner as psoas abscess.

Symptoms of Acute Form.—Local uneasiness, stiffness in the back of the neck, chilliness, succeeded by febrile excitement; though fever is not an invariable attendant, the chilliness being continuous. In young children convulsions are sometimes present, often œdematous swelling of the anterior and lateral portions of the neck; as the disease advances soreness of throat is increased, and a sensation of a foreign body arrested at the base of the tongue is experienced; respiration difficult, voice nasal, cool perspiration about the head, pulse *always* quick and very frequent, though sometimes full and forcible. In children, the dyspnœa often produces convulsions, which speedily terminate in death.

Attempts to swallow or to lie down increase the dyspnœa, and the somnolency or coma when present. The tongue is spasmodically thrust out when the patient is requested to show it, and returned with considerable difficulty, though it is often protruded from the mouth without the ability to return it.

The internal surface of the mouth and throat is congested, with swelling of the tonsils and epiglottis, and an ovoid tumor may be felt by the finger pushing against the posterior wall of the pharynx, and, in some instances, separating the alæ of the thyroid cartilage of the larynx. If death results, it is caused by asphyxia, or by spontaneous opening of the tumor, its contents deluging the air-passages.

Symptoms of the Chronic Abscess, are usually symptomatic of some constitutional disease, mostly traceable to hereditary taint. Pain in the back *of the neck* increased by moving the head, and often most severe in the after *part of the day. As the* disease advances, these symptoms become more

marked, resulting in complete closure of the jaws. In such cases, the cavity of the abscess is liable to follow a more extended route, terminating sometimes in the mediastinal space, or again between the deep lateral fascia of the neck.

After (sometimes a long period of time) the dyspnœa, dysphagia, &c., appear as in the acute variety, but often attended with a low typhoid form of fever, which terminates in death unless promptly and skilfully treated.

For want of space we pass over the diagnosis, prognosis, and pathology of the disease, as presented by Dr. Allin, and proceed to state the treatment, which is divided into surgical and medical.

Surgical Treatment.—Make a free opening into the cavity of the abscess, as follows: support the head of the patient firmly, pass the forefinger of the left hand into the mouth, raise the velum palati, and press the point of the finger against the tumor; then open, with a common scalpel or bistoury, the blade being covered with sticking-plaster, to within half an inch of its extremity. The incision should be free, at first, to avoid the necessity of repeating the operation.

Medical Treatment.—Apply emollient and soothing poultices, fomentations, &c., to the neck; after the discharge has ceased, the local application of an astringent gargle, as follows:—

℞. Bi-boratis sodæ ʒij;
Tinct. myrrhæ f ʒj;
Syr. simplicis f ʒss;
Aqua puræ f ʒvjss.
Misce.

The condition of the general system may need tonics, and even stimulants, but it is not usual to administer, where the appetite is good, and the patient's strength may be sustained by a generous system of nourishment.

The pamphlet contains, in addition to what has already been stated, a statistical table of fifty-eight cases.

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On the Protective Power of Vaccination. By S. Annan, M. D.—The following views upon this subject have recently been promulgated, at a meeting of the Royal Medical and Chirurgical Society of London.

Dr. Gregory, the physician of the smallpox hospital, stated that, from the year 1844 to 1850, 2854 cases of smallpox had been admitted; and that of these, 1500 were after vaccination. The whole number of deaths had been 579; and of these only 75 were amongst the vaccinated portion. He also gave his opinion that the protection afforded by vaccination up to the period of puberty, fifteen years of age, was equal to that afforded by inoculation for smallpox all through life. After fifteen, the system was subjected to another law. Previous to that age, we might banish all fear, inasmuch as cases of smallpox after vaccination were exceedingly rare; but after that period, vaccinated persons were liable to a first attack of the disease, and were exposed to the chances of a second attack at fifty or sixty years of age. Inoculation gave one attack of smallpox, and there was an end of it. With a few rare exceptions, in the cases of particular families and individuals, there was no second and third attack. Modified smallpox was unknown up to the year 1817, about fifteen years after vaccination was first performed. The cases of this disease had gone on increasing since the year 1825, and the results now were, that fifteen hundred patients had been admitted into the London smallpox hospital, in seven years, with smallpox after vaccination. Most of these were modified, but many were of a severe form of the disease. The deaths from smallpox after vaccination might be said to be a little above five per cent.; in some places, as at Copenhagen, it was as

low as three per cent. He had never seen modified smallpox in the young, either in public or private practice; neither had he read of it in books, or heard of its occurrence abroad. It was only to be found occurring in the adult. He hoped the statements advanced would not shake the confidence of the public in vaccination. Even if vaccination prevented smallpox only in one-half of the cases in which it was performed, it was a great protection; and as it was shown by statistics that about half the population died before the age of fifteen, it afforded to that half, at least, perfect and complete protection.

Drs. Mayo and Copeland were of opinion, as the result of their experience, that the protective power of vaccination, until the age of fourteen, was more complete than that of inoculation; that a greater number became affected with smallpox after inoculation, than after vaccination; and that more of the inoculated died than of the vaccinated.

Dr. Gregory also stated, that he regarded re-vaccination as a proceeding of very little moment. It satisfied the mind of the public, but did not effect any real good. It was an error to suppose it afforded any additional protection. After fifteen years of age, the constitution began to be susceptible, for the first time, to the influence of smallpox, and the susceptibility increased up to middle age and maturity. There was but one mode of adding to the protective power of the first vaccination, and that was by inoculation with smallpox matter after the age of fifteen. Cazenave and others had performed in France many experiments, which proved that inoculation after fifteen, in persons previously vaccinated, did not produce a vesicular or pustular eruption, but only a papular one, and that this was not contagious. This he knew to be true, and he firmly believed it served as a protection for life.

With respect to the indications afforded by the appearance of the cicatrix, as to the perfect or the imperfect performance of vaccination, Dr. Gregory remarked, that he thought it had been long ago conclusively settled that no conclusion whatever could be drawn from the appearance of the cicatrix. If a good cicatrix were found, then you might be satisfied that the vaccination had been perfectly performed; but if the cicatrix was imperfect, you had no right to assume that the patient had not been well vaccinated; for, in these cases, the process of reparation might have been quick, there might have been little inflammation, or there might be other causes to account for the imperfect cicatrix. He had long ago published cases on this point.

Dr. Addison inquired of Dr. Gregory, what his impression was respecting the identity of smallpox and chickenpox? Dr. Gregory answered that the diseases, though bearing some relation to each other, were undoubtedly different and distinct in their nature. In proof of this, it had been demonstrated, that genuine vaccination had been received before and after the occurrence of chickenpox. The occurrence of the latter previously, made no difference in the development of the former. In addition to this, the two diseases might go on together in the same person. None of these modifications had ever been witnessed in cases of smallpox and vaccination.

Dr. Marshall Hall stated, that sometimes a child resisted vaccination; and he desired to know from Dr. Gregory, whether it was still liable to take the smallpox? His own son had been vaccinated fourteen times without effect. No vaccine vesicle ever formed. At thirteen years of age, he was observed to be covered with an eruption. Some of the spots once exhibited the form of distended vesicles, of moderate size, observed in chickenpox. Others of the spots went through the regular course of hornpock, occupying five or six days. One or two on the face left distinct pits, the result of *sloughing*, as seen in smallpox. Dr. Hall added, that such a case seemed *to demonstrate the insecurity* of the patient, when vaccination had failed

several times, and to confirm the opinion of Dr. Thompson, that varicella and modified smallpox were the same disease, for in it they occurred simultaneously. Dr. Gregory replied, that he had no hesitation in saying that the variolous poison had done its worst; and though Dr. Hall's son might have the ill luck to contract secondary smallpox, the great probability was that he would not.

At the same meeting of the society, several cases were narrated, of second and third attacks of smallpox; some of them after inoculation, and some after natural smallpox. In one of the cases a gentleman who had been vaccinated in infancy, when three months old, had three attacks of smallpox; one when he was six years old, a second when he was eleven, and he died in the East Indies, of the third attack, when he was twenty-three years of age.

This must be regarded as an extremely interesting discussion: partly from the nature of the subject, and partly because several of the most eminent physicians of Great Britain participated in it. It would appear that we are at last arriving at a proper knowledge and a just appreciation of the value of vaccination. While we must admit with Chomel, that "we cannot fairly exact more from vaccination than from the smallpox itself," if Dr. Gregory's opinions are well founded, that every individual after fifteen years of age, although fully protected up to that time by the power of the vaccine disease, is liable to be attacked by smallpox, and that re-vaccination is of no manner of service, there is great room for apprehension that as the general force of vaccination diminishes in large communities, the smallpox contagion may acquire an augmentation of power, and, at length, come to predominate. Dr. Gregory informs us, that the cases of smallpox after vaccination have gone on increasing since 1825. If this increase should be progressive, as must necessarily happen under existing circumstances, it is manifest that, in time, smallpox will preponderate, and the beneficial effects of vaccination wear out. As the force of general protection is lessened, the power of general predisposition will become greater, and we shall be compelled to resort to some additional means to prevent a return to the old epidemic ravages of smallpox.

At the present time, although we have occasional examples of persons dreadfully disfigured, and of death from smallpox after vaccination, the number is not so great as to cause much alarm. The improvement upon the old state of things is inestimable. In England, previous to the introduction of inoculation, one-tenth of the total mortality was occasioned by smallpox. After inoculation was introduced, it fell to one-fourteenth; but now, when vaccination is general, the deaths by smallpox are about one in eighty-five from all diseases; thus amounting to only one-sixth of the ratio, when smallpox inoculation was the sole preventive.

If matters should threaten to become much worse, and the number of cases subsequent to vaccination go on progressively increasing, we are not shut up to patient endurance of the evil, but can have recourse to inoculation after puberty, depending upon vaccination up to that period. If the views at present entertained as to the mildness of smallpox communicated at that time, and as to its protective power being complete for the remainder of life, should be fully established by repeated trials, and by time, our situation will be far from being deplorable. In the meanwhile, each adult may hope that the protection in his own case, although not perfect, is sufficient to prevent an attack of this loathsome disease, or to modify it, if it does appear.—*Transylvania Med. Journal.*

The following passages from the recent message of Gov. Fort, on subjects always interesting to medical men, though they will not be news to most of our readers, are yet, in our opinion, worthy of record with other matters of

medical interest in our State. This will be a sufficient excuse for their insertion to the exclusion of matter from exchanges.

State Prison.—The reports of the officers of the State Prison will inform you of its condition.

The discipline of the prison has been judiciously administered. The necessity of punishment has been rare, only one or two cases occurring of a settled determination to set at defiance the regulations of the prison.

The industry of the prisoners has been commendable; the financial management of the keeper highly satisfactory and efficient, enabling him to pay into the treasury from surplus earnings the sum of $5,000.

The health of the prison has been generally good. Comparatively few cases of sickness have occurred. There have been but three deaths during the year.

The number in confinement at the commencement of the year was 210. There have been received 122, and discharged 125, making the whole number during the year, 332. At present there are 207. The number of prisoners being so great, it is impossible to comply with the directions of the law requiring separate imprisonment. This condition of things can only be remedied by the construction of another wing to the prison.

The question, however, is now being agitated whether a rigid adherence to the separate plan of confinement is not injurious to the mental and physical condition of the prisoners. There is no doubt that sunlight, pure air, exercise, and social intercourse are essential to a healthful state of the functions of the body and mind. It properly belongs to the medical department of the prison to decide how these should be allowed to convicts. The medical officers of our prison have usually pursued a generous course, with highly beneficial sanative results.

I do not think it expedient to provide for the construction of another wing at this time. I cannot hesitate, however, to recommend a new heating apparatus for the south wing. The health and comfort of the prisoners, as well as the industrial operations of the prison, urgently require it.

Lunatic Asylum.—The reports of the Managers, Superintendent, and Treasurer of the State Lunatic Asylum, exhibit the condition of the institution, and show that it is still entitled to the confidence and support of the community. The number of patients at the date of the last report was 162; at the date of the present report there were 171, being an increase of nine; 102 have been received during the year; 76 have been discharged, recovered, or improved, out of 264 under treatment. There have been but 8 deaths.

The total number of patients treated since the institution commenced operations, is 394, and the total number discharged either cured or improved, is 181.

This evidence of the successful management and superintendence of the institution, is highly gratifying to those who have it in charge. The results of its operations are such as to commend it to the provident care of the State.

I would call the attention of the Legislature to the views presented by the Superintendent in relation to the construction of additional wings to the edifice. They are deemed essential to accomplish a proper classification of the patients and to prevent a crowded state of the rooms. The necessity of locating the excited and boisterous cases within hearing of the more quiet and docile is opposed to a rational and of course successful treatment of the insane.

The amount appropriated last year to aid the counties in supporting pauper and indigent lunatics, will be again required. The managers also ask for $2,500 for the purpose of improving the grounds, increasing the *furniture, fixtures, &c. These* two items will require an appropriation of *$7,570.*

The personal property of the Asylum has increased during the last year, and amounts per inventory to the sum of $16,755 19. Altogether, the affairs of the institution have been highly prosperous, and are a source of pleasing contemplation to the benevolent and humane.

Diet in Protracted Fevers. By E. B. HASKINS, M. D.—It is well known to our readers, who have at all kept pace with the advancement of chemico-physiology, that, in the food of man, there are two great classes of alimentary substances, to subserve the wants of the ever-changing organism—the *nitrogenous* and *non-nitrogenous*. The former being destined for the nourishment of the tissues, whilst the latter subserves, mostly, the purpose, by slow combustion, of the generation of animal heat. It is not denied that, in the process of disintegration, or wasting of the tissues, some heat is evolved, and also that some fat enters into the composition of those tissues, whilst other portions seem necessary to give symmetry to the body and form cushions of support to movable parts; yet the above classification of alimentary substances, based upon their uses, is regarded mainly as true. It may also be remarked, that that portion of the non-azotized substances, not directly burned off in the circulation, is converted into fat,* and deposited in the adipose tissue for future use.

This economical disposition of respirable materials, is beautifully illustrated in the habits of hybernating mammalia—that go into their winter retreats loaded with fat, and come out in the spring comparatively lean. As such animals remain physically inactive during the season of hybernation, of course but little waste of muscular or other vital structures takes place—not more than can readily be supplied by the proteinaceous compounds already in the vascular system.

Now, when a subject enjoying ordinary health is seized with continued fever, but little or no food is required for a number of days; the blood being charged with azotized matter sufficient to supply the waste from tissual disintegration, whilst, in the adipose cells, there is already fat enough for respiratory purposes.

But should the disease continue unchecked, the time arises when food becomes imperative—when the limbs become lean and emaciated, and prostration of strength supervenes. All agree as to the *time* for the more prompt and regular administration of food; but the *kind* of food best suited for this stage seems not to have met with so general an agreement. The diet usually prescribed in such cases is animalized waters, as beef tea, chicken water, &c., and the manner of preparing them is to remove all of the fat as it rises to the surface in the process of boiling. So the patient, it is perceived, ingests nothing but azotized food.

Now what, *à priori*, will be the course of a protracted fever under such a dietetic system? It is clear—the adipose tissue being exhausted of its movable fat, and no starch, gum, sugar, or other combustible material being furnished to the blood, the oxygen of the inspired air seizes upon the tissues, and the brain being, perhaps, the most oxidizable, is the most energetically attacked; and as fatty matter enters largely into its composition,† no adequate reparation can take place; hence delirium, subsultus tendinum, wakefulness, and other manifestations of morbid cerebro-spinal activity‡—phenomena too often witnessed at the bedside, and always portend an unfavorable issue.

* Dumas, Boussingault, and Payen have denied that the animal organism can elaborate fat out of the non-azotized substances; yet the experiments at the Giesse laboratory, under the directions of Liebig, as well as those by Dr. Thomson, of Glasgow, fully sustain the doctrine.

† The adult nervous matter contains about 6 per cent. of *cerebral fat*.

‡ See Liebig on the effects of starvation in his Animal Chemistry.

This hypothetical view of the pathology of the brain is, in some degree, supported by the fact that post-mortem examinations have failed to detect any constant lesion in that organ; and when congestion or inflammation has been found, it is not violent to presume that it came on as a secondary lesion.

The point in the dietary of protracted fevers, to which I wish to direct attention, is already clear to your mind—that non-nitrogenized substances, as starch, gum, sugar, &c., should be freely administered, instead of the exclusively nitrogenized diet. By thus furnishing respirable materials, the tissues, particularly the *brain*, are protected from the destructive influences of the inspired oxygen. These materials, then, are far more essential to the organism, under such circumstances, than the azotized substances; since, whilst the muscular system is comparatively at rest, the histological elements undergo very slow disintegration, as is exemplified in hybernating animals.

The non-azotized alimentary substances, as is well known, can be rendered as palatable and inoffensive to the sick (oils excepted) as can the nitrogenized. Sweetened gum water, arrowroot-jelly, barley water, and even the gruel of Indian meal are quite palatable and unirritating to the most delicate stomach. To secure, however, all of the possible dietetic wants of the system, they may be alternated with the nitrogenized diet.*

In conclusion, I will take occasion to remark, that, in determining a course of practice upon theoretical grounds, great caution is necessary, that we commit no extravagances. We should never, from *à priori* reasoning alone, abandon well-established therapeutic usage. The most that may be ventured upon with impunity, is the modification and correction of unenlightened experience, and the furnishing materials for such blanks as observation has failed to fill up. Ratiocination is too uncertain a guide to be wholly trusted to in the prosecution of an art like therapeutics, based upon *progressive* science. Kept within these restricted bounds, reason performs her legitimate office in the advancement of a profession that can never be purely empirical or rational.—*Nashville Journ. of Med. and Surg.*, Dec. 1851.

Veratrum Viride as an Arterial Sedative.—In the *Reporter* for April last, we copied a portion of an article by W. C. Norwood, M. D., of Cokesbury, S. C., in which he confidently set forth the virtues of the American hellebore, *veratrum viride*, in controlling the action of the heart.

In the *Southern Medical and Surgical Journal* for January, we find another article from the pen of Dr. Norwood, reiterating his views of the importance of the remedy in question, and giving, in conjunction with his own, the testimony of several other medical men.

It seems that Dr. N. uses a *saturated tincture* of the veratrum, which should be prepared from root that has not been kept very long. This he gives to an adult in doses of eight or ten drops, gradually increased until its effects are produced. Dr. N. recommends it strongly in pneumonia typhoides, asserting fearlessly that it is as much of a specific in that complaint as quinine is in intermittent fever. He regards it as a "sheet anchor" in typhus and in typhoid fevers, as well as in convulsions of children from one year old and upwards, where there is a high degree of febrile excitement. "In hooping-cough it stands unrivalled and alone, as a remedy that may be relied on when accompanied with high febrile excitement."

In short, making due allowance for the veratrum being a hobby with Dr. N., from his own testimony and that of several other medical men whom he quotes, we think it worthy at least of a fair trial.—S. W. B.

* Dr. Prout was of the opinion that fat could subserve the purpose of tissual nutrition, *in general; though physiologists* of the present day pretty uniformly concur in the *opposite opinion.*

THE

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"*Hooker on Homœopathy.*" By JAMES H. STUART, A. M., M. D.

HAVING just completed the perusal of an instructive and entertaining little volume, entitled "Homœopathy, an Examination of its Doctrines and Evidences," by Worthington Hooker, M. D., I cannot resist the temptation to make a few remarks on it. And first, I most sincerely regret it was ever written at all. It is giving entirely too much importance to a childish delusion, for a man of Dr. Hooker's ability to notice it in print. To use a simile, ordinarily attributed to Thaddeus Stevens, though *originated* long before his time, it is but crushing the reptile to render his loathsome deformity more perceptible by his mangled remains than ever it was by his living body. Such a book will be read by but few of the deluded votaries, who raise their hosannas at the shrine of Hahnemann. Those who alone will be benefited by it, are those whose professional education and honest hearts render all such delusions equally disgusting and amusing to them, without any exposition. Even supposing the masses do read it, they will not follow the argument, but will be amazed at the monstrosities they have been gulled by; and, of course, only adhere more steadily to their "persecuted faith."

As an illustration of the kind of influence the book will have, let me quote the notice of the Tribune: "it assails homœopathy with weak argument and strong invective." Now, what is the use of exposing humbug, when the exposition is thus summarily treated in a leading paper of the day? Thousands read that paper, who will never see the book to judge for themselves. Hundreds, perhaps, will be prevented from reading it by that little sentence. How carelessly men write on the most important subjects. It may be, that many will lose their lives indirectly

through their blind veneration for that little great editor's opinion. The great man sits on his throne, and throws off a few scratches of his pen, and those pen marks influence myriads. Either he *did* read the book he thus branded, or he did not. If he did *not*, how meanly wicked thus to pronounce upon a thing of which he knew nothing. If he *did*, Heaven help his perception! So far as *I* can judge, there is not one word of *invective* in the whole volume. It is, throughout, mild and gentlemanly; much milder than is necessary in dealing with deliberate imposture and vile charlatanism.

The *argument* is demonstration. Mathematics could not more surely prove a thing. But I become tedious. The book *should* be extensively circulated, now that it *is* published. No doubt, scores of those whose delusions it exposes will virulently attack their relentless destroyer, and he should at least have the privilege of being heard.

One word more, and I have done. The book contains a gross and almost fatal error. Throughout the whole of it, scientific medicine is styled "Allopathy," in compliment, as the author insinuates, to popular ignorance. Now, this is entirely too *great* a compliment to ignorance. The people who read it will forget his remarks in the note concerning his motives for thus using the word, and simply take it for an admission of the quack's own epithet.

This should not be. "Scientific Medicine" is the proper term to use to avoid error, and we sincerely trust it will be used in the future editions of the work.

I would repeat again, silence is the only proper treatment to bestow on quackery. It will die if let alone, but "persecution" will supply it with an artificial life far beyond the natural term of its existence.

Erie, Pa. *Feb.* 1852.

"*Who can name it?*" By THOMAS F. CULLEN, M. D.

MY attention was called to the article under this head in the January number of the *Reporter*. The case there narrated is certainly somewhat peculiar, and one that would, perhaps, puzzle the nosologist; certain it is, that I have no wish to assume the office, and yet, upon sketching through the report of the case, I was struck with some points of resemblance between it and two cases reported in "Mann's Medical Sketches of the Campaigns of 1812–13 and 14."

The sufferers, "Major Beebee" and "Colonel Johnson," used large quantities of plumb. acet. for the cure of diarrhœa (five or six pills as large as peas daily), until the most terrible effects were experienced, embracing all the phenomena laid down in Dr. Challiss' case, together with some symptoms not there present.

Calomel, sulphur, followed by opium pure, and the pulv. Doveri, the metallic and vegetable tonics, diffusible stimulants, blisters and cataplasms, were used with but little good effect, as both patients died.

In Dr. Challiss' case, the treatment seems to have been judicious. Why not then push it, and vary only with a change of symptoms?

I do not wish to be understood as representing the cases reported by Mann, as perfectly analogous with that of Challiss', and yet they are in some measure parallel; certainly, in Mann's cases, a long train of evils followed up the indiscreet use of plumb. acet., and is it not reasonable to suppose that as in Dr. C.'s case some members of the family had been affected with *colica pictonum* by the use of water passing through lead pipes, the disease in the case in point was caused by the action of lead, although in a somewhat modified and anomalous form.

If, upon referring to "Mann's Sketches," you should deem this as throwing any light upon the case, give it a place in your journal; if not, by applying this paper to the flame of the candle, it will certainly give a temporary illumination to your sanctum.

CAMDEN, *January 20th*, 1852.

Singular Form of Exanthem. By E. D. CROSFIELD, M. D., Warren County, Ohio.

"FOR the last nine years, I have been actively engaged in the practice of medicine in the Miami Valley, State of Ohio. Within that period of time, I have met with almost every disease incident to the country and climate, from the most simple functional derangement, to the most confirmed and fatal organic disease; the first digression from healthy action, to that grade of morbid excitation which suddenly prostrates all the energies of the constitution, producing immediate death.

"The section of country in which I am located is, from long experience, called healthy; the face of the country is high and rolling, the land rich and fertile, and easy of cultivation; the inhabitants, mostly farmers, healthy and wealthy, from habits of industry, temperance, and economy. The most prevalent diseases in this country are not dissimilar to those met with in New Jersey. I have, however, seen some diseases here that I never saw there. We have an epidemic disease prevailing among us at the present time, which I never saw in any other section of the country. It has been in our neighborhood for nearly two years, is called contagious by some, and epidemic by others, and has obtained different appellations in different neighborhoods. For its initial phenomenon it resembles rubeola, but its true diagnostic character is roseola of Willan. When unconnected with other disease, it is really simple in its character; but when combined, as it sometimes is, with typhus fever, it is extremely dangerous, and often fatal. A great variety of opinion has obtained, among physicians, not only with regard to names, but the same variety of opinion has obtained with regard to the characteristics of the disease; some have considered it a disease of a high grade of *tonic action*, and have attacked it with lancet, calomel, antimony, and the whole catalogue of *antiphlogistics*, which invariably proved fatal in a few hours. Some have treated it with heating diaphoretics, and stimulating draughts, which have proved equally unfortunate.

"The disease is generally ushered in with chills, languor, and headache; this is followed by febrile reaction, sometimes attended

with delirium and convulsions; the skin hot; bowels constipated; diarrhœa often soon intervening; the eruption first appearing on the face, and neck, from the second to the ninth day of the disease, gradually extending over a great part of the body; the spots are identically resembling in appearance those spots produced by a pointed instrument puncturing the skin, the instrument having been dipped in red ink, the ink spreading under the skin, producing a bright scarlet color in the centre, gradually paler towards the circumference, being from two to three lines in diameter. When the eruption is very copious, the skin appears one scarlet blush, thickly interspersed with roseolous points; these points not the least elevated; sometimes a papulous eruption, with considerable tumefaction of the face and extremities, attends. It is generally attended with sore throat and difficult deglutition, but without that distinct catarrhal character of rubeola. The eruption continues from four to fourteen days, and goes off without desquamation; a second and often a third eruption supervenes; painful neuralgic affections of the joints often remain as a sequel of this eruptive fever. Rest, moderate warmth, with mild cooling aperients, is all that is required in the treatment of this disease, as it has appeared under my observation."

Note.—The above was communicated in a letter, to our friend Dr. J. B. Munn, of Morris County in this State, by whom it has been sent to us for publication. Ed.

The following communication is accompanied by a note from its author, in which he says:—

"I wish you to keep in mind, I am an old man, and may be excused for incorrectness of style," &c.

We insert the article cheerfully, as it contains the result of observations on the subject during a long period of years. Though we are free to say, with great deference to our aged correspondent, that were he a young man like ourselves, we might be disposed to question his views; but we will not now

raise our feeble voice in opposition to his long and well-tried experience.

Observations on the use of Ergot in Parturition. By ARIEL HUNTON, M. D.

MR. EDITOR: In the November number of the Reporter, I noticed a short production from the pen of L. A. Smith, M. D., which induced me to send you my views on the subject.

By inquiring, I found you had not received my production, and Dr. Butler has had the kindness to send me the April number, containing notices on the same subject; it is there stated the exhibition of ergot will produce retention of the placenta. In a practice of nearly forty years, I have never noticed such an effect; I have occasionally exhibited the ergot, from my first commencing business. In lingering cases, and where the pains are not forcible, I exhibit this drug, and it will generally induce powerful uterine contractions.

I usually expect to see the effect of the article in about twenty minutes, and am not often disappointed; but have in my recollection cases, where the pains have been thrown over the system, in such a manner, that I was sure labor was retarded by its exhibition. Those cases are rare.

Ergot in my practice is an exciter of uterine contractions after labor has commenced; I have no knowledge it will before. Many females have informed me they have taken it for the express purpose of procuring *abortion;* I knew no one to succeed. The first account I ever saw of the medical virtues of ergot was in the New York Med. Repository, nearly forty years since. It was there stated it would produce labor pains, abortion, and menstruation. I was more than twenty years since called as counsel in a case of spasmodic contraction of the os uteri; this was previous to the birth of the child. Rest, with large portions of Dover's powder, with camphor, allayed the spasms, and the woman was delivered of a dead child.

On adhesions of the placenta I have once written to you; but the paper having miscarried, I will attempt to supply its place.

I appeal to any man of age and experience, whether he

ever had any difficulty in removing the placenta, when the uterus readily performs its tonic contractions. I have had many adhesions of the placenta, which gave me some trouble to remove them; but all those were cases where I was not able to induce contraction of the womb. I will state with Dr. Smith, after the delivery of the child, I always pass my hand over the abdomen, to ascertain if there be another child, and if the uterus has contracted, and if necessary use pressure, kneading or manipulating, to induce contractions. If I do induce them, I feel sure I shall have no trouble in its removal; if it does not contract, it causes solicitude.

I hazard very little in asserting, all placentas adhere alike before the birth of the child. Now I intreat of the reader to not accuse the *old* man of *fanaticism* until you *read*, and *consider*, his reasons for those conclusions.

How does the womb free itself from the placenta? The moment the child leaves the uterus, is not the adhesion as firm as an hour previous? If there is the desired contraction, does not the uterus force this article from its own body? It fulls up (if you will permit me to use the similitude), and shoves itself from the placenta. If it does not contract or full and thicken its walls, what follows? Why adhesions are inevitable. If tonic contractions cannot be induced, the hooks on your hands must separate it, or if left to nature, they do occasionally survive, if so, for three months, a most disgusting, offensive, fetid object.

Every medical man has his own way, or hobby, especially in obstetrics; my rule is not to let the puerperal woman lie but one hour, before I remove the placenta by a manual operation. Nearly twenty years since, I was called fourteen miles from my residence, to a woman in labor with her first child. She had been sick two or three days (I write from memory); her pains (as I was informed by two attending physicians), which had been regular and forcible, had entirely left her; various remedies had been tried to induce uterine contractions, but had all failed; and, all being satisfied of the death of the child, it was thought advisable to perform craniotomy, which was accordingly done, the child extracted by manual force, without the most remote assistance of the uterus. After the extraction of the child,

the uterus did not contract; all the kneading and manipulating had no effect on the uterus. Here we administered the ergot, without any apparent effect; the warm bath and stimulants to the bowels produced no contractions. The attending physicians were for permitting nature to perform her operations without assistance, to which I objected, averring I would never leave a puerperal woman in so precarious a predicament. As my fingers were in an exhausted state, I desired one of my collegues to introduce his hand and disengage the adhering placenta. He refused because he had never performed the operation, which I was compelled to perform. The adhesion, *I think*, was about the consistence of that of the lard to the peritoneum of a hog, a *homely expression*, but the best occurring to my mind. Now will any one hesitate to say, if tonic contractions of this uterus could have been induced, there would have been no adhesion? Truth being my *aim*, if I am wrong I will take it kind in any of my medical brethren to show me my error.

Hydepark, Lamoille County, Vt.

Post-Mortem Examinations and Medical Testimony in Cases of Homicide. By J. Lawrence Day, M. D.

This is a subject of vast importance to the due administration of justice. The weight of the examining physician's testimony depends not so much upon his age or experience, as upon the manner, as well as the extent of the examination. If, for example, it should appear in the evidence that the surgeon was negligent or regardless of the finer feelings of our nature, in the manner of effecting the examination, his testimony, however true in itself, would have little weight with an intelligent jury.

I have somewhere seen rules laid down for the instruction of surgeons in post-mortem examinations where any suspicion of criminal cause of death exists; wherein it was advised to examine not only the immediate seat of the injury, but the vital organs

generally, that should a question arise, as to whether disease of the heart, apoplexy, or some other structural lesion, rather than the injury alleged, might not be the cause of the death, the surgeon might be able to answer intelligently.

Before speaking of a case recently tried in this county, I may remark—one reason for the cursory post-mortem examinations too often made, is found in the fact that county officers are too unwilling to *pay* for a thorough examination conducted in a scientific manner. For one, I am determined not to make any post-mortem examination for the public, unless it be thorough, and one calculated to meet the ends required, to wit: a full understanding of the cause and manner of the death, as far as the circumstances of the case will admit; and for so doing I will have a *good fee.* The profession may require this at my hand. The fee is the more necessary for *this* service, since such examination makes the surgeon a witness in the case, whereby he may be kept day after day, and perhaps week after week, away from his business attending court, at the rate of four or five shillings a day.

The case tried here was an interesting one in some respects. I propose to give to the readers of your valuable journal a brief notice of some of the facts, and the medical points in the case. I hope doing this will elicit from your readers communications on the subject, much more interesting and instructive; for trials may frequently occur in which the medical testimony rules, or should rule, the case.

The deceased was a town charge, boarding with defendant. Defendant admitted that he shot deceased, but alleged he did so in self-defence. That the deceased was in bed, apparently asleep, when defendant went into the room for a lawful purpose. When about to retire again, deceased made some threats; in the act of rising to attack defendant, he was shot with a pistol, and defendant passed rapidly out. Defendant himself made known that he had shot, and requested persons to go and see if deceased was hurt. They had quarrelled the day before, and defendant had been worsted.

Deceased was found dead in his bed—hat, coat, and boots off—about ten o'clock A. M.; had gone to his room only a short time before; bed situated on the second floor of a story and a half house; right side of bed parallel with the left side of a door, entering

the gable from a platform and steps outside (no other entrance to the room).

The head of deceased was toward the door, and face toward that side of the bed parallel with the door-way; head flexed forward; body in a natural, easy, sleeping position, partially covered, and the eyes closed. Three or four specks of blood and brain on the wall beside the door; brain on the pillow, with blood oozed from the wound. The only wound was found in the frontal bone, left side, about half an inch from both the median line and the coronal suture, and on examination the ball was found in the cavity of the atlas posteriorly, very much flattened, resting between thetheca vertebralis and the bone.

The State argued that the deceased was shot as he lay asleep —deliberately murdered. The defence, as before stated. Medical witnesses were asked, how long would a man live, being shot as described?

Ans. The wound was instantaneous death.

Did he move after he received the shot?

No; as the shot found him so he remained. The ball in its passage destroyed sensation and motion, passing through the cerebrum, and cutting almost the entire substance of the medulla oblongata at about the point where it merges in the medulla spinalis.

As the case seemed to turn upon the position and the direction of the wound, and the closed eye, a great deal of testimony (not medical) was introduced to prove there was nothing in the position of the body, and the direction of the wound, or the surrounding circumstances, to prevent the possibility of his being shot, as alleged, from the inside of the room; the State alleging, on their part, that he must have been shot from the platform. And much other testimony, one only medical, to prove that "*the closed eye* is the state of death," and that on the battle fields in Mexico, dead soldiers were sometimes seen with eyes closed, especially if shot in the head. My own experience, in a practice of twelve years, is that some kind hand must "*close* the eyes in death," or the corpse is staring and unsightly.

There was not such knowledge of elementary truths in anatomy and physiology displayed as might be expected from learned

judges of the law, else one of the medical witnesses had no need to compare the cerebral substance to soft soap, to give an idea of its consistency.

Query. Would not some small portions of the contents of the head be forcibly displaced by the entrance of the ball; and might we not look for them upon the wall, nearly in a line with the body, and in the general direction towards the point from which the shot came?

2. Did the deceased wink at the flash, and the instantaneous cessation of motion fix the eye shut in the act?

3. Could a man so rise (in a bed twelve inches from the floor) as to be shot thus by a man passing out by the side of the bed? If so, would the body fall forward or backward?

4. If shot half erect, would the matter displaced by the ball be upon the roof above the head, or some feet off against the wall?

With a single remark I will close. The testimony of the examining physician in this case, did not weigh with the jury, from the fact (probably) of its having been proved that the wound was probed by some of the jury with a stick, after the Dr. had completed his examination, as to the direction the ball had taken. And again, that a very poor, common tenon saw was used in removing the calvarium, and an iron wedge, by a man voluntarily aiding the Dr., to open the saw cut, and prize off the skull-cap; leaving room to argue, that after such probing and such roughness, in removing the calvarium, no correct conclusions could be drawn from the place *where* the ball was *found*, as to the course it had taken.

Verdict "NOT GUILTY."

LUZERNE Co. PA. *Feb.* 16*th*, 1852.

Spontaneous Rupture of the Umbilical Cord. By the EDITOR.

I WAS called to see a German lady in labor with her second child; found her with ample pelvis, the head presenting its ver-

tex, os uteri dilated fully, secretions abundant, and the membrane formed into a large pouch over the child. Diagnosticated a speedy and easy delivery, and proceeded to prepare the patient and bed, *secundum artem.* In less than half an hour the waters were evacuated, and the head readily engaged in the inferior strait; when the pains became very laborious and continued; firm pressure was made with a compress upon the perineum, to save it from injury, and the labor allowed to progress without interference. The head was soon born, but without relieving the continued effort at expulsion. To aid in the delivery of the shoulders, I hooked my index finger into the axilla, and made slight traction to disengage the body. A very little effort brought the shoulder from behind the pubis, and a powerful contraction of the uterus expelled the entire body, throwing it some two feet from the mother, and *rupturing the cord about three inches from the umbilicus.* The child was immediately sprinkled with blood, which first attracted my attention to the fact. At the point of separation, the cord was lacerated for an inch or more in its length. After securing the fœtal portion of it, and disposing of the child, which did not seem to be injured by the hemorrhage, I proceeded to deliver the placenta. Placing my left hand over the fundus uteri, and making firm pressure, and at the same time using gentle traction with my right, upon the cord, I felt it yielding under the effort, and therefore trusted to the expulsive powers of the uterus to disengage it. In a very few minutes it came away, and I found it lacerated in another place, though not entirely separated. Never having met with a similar instance in my own experience, and not remembering to have seen a notice of any such in books, I state the case simply as it occurred. It is true that we often witness cases where partial disorganization has taken place, from the death of the fœtus, or where the placenta and its attachments may not be developed, as in premature births; but the child in this instance had lived out the full period of utero-gestation; the mother is a fine, healthy, robust woman, and the rupture was purely the result of powerful uterine effort.

Burlington, *Feb.* 1852.

BIBLIOGRAPHICAL NOTICES.

1. *The Medical Student's Vade-Mecum, a Compendium of Anatomy, Physiology, Chemistry, Materia Medica and Pharmacy, Surgery, Obstetrics, Practice of Medicine, Diseases of the Skin, Poisons, &c. &c. &c.* By GEO. MENDENHALL, M. D., Lecturer on Obstetrics in the Medical Institute of Cincinnati; Member of the American Medical Association, &c. &c. Third edition, revised and greatly enlarged; with two hundred and twenty-four engravings. Philadelphia, Lindsay and Blakiston, 1852: pp. 690.

2. *Review of Materia Medica for the use of Students.* By JOHN B. BIDDLE, M. D., formerly Professor of Materia Medica in the Franklin Medical College of Philadelphia; Physician to the Pennsylvania Institution for the Deaf and Dumb; Fellow of the College of Physicians of Philadelphia; Member of the Medical Society of Hamburgh. With illustrations. Philadelphia, Lindsay and Blakiston, 1852: pp. 322.

3. *An Analytical Compendium of the various branches of Medical Science, for the Use and Examination of Students.* By JOHN NEILL, M. D., Surgeon to Wills' Hospital; Demonstrator of Anatomy in the University of Pennsylvania; Lecturer on Anatomy in the Philadephia Medical Institute; Fellow of the College of Physicians, &c. And FRANCIS GURNEY SMITH, M. D., Lecturer on Physiology in the Philadelphia Association for Medical Instruction; Physician to the St. Joseph's Hospital; Fellow of the College of Physicians, &c. &c. Second edition, revised and improved. Philadelphia, Blanchard and Lea, 1852: pp. 1000.

WE have received from the publishers the three volumes mentioned above. They are handsomely printed, and suitably bound;

and are well calculated to meet the demands of the present system of medical education. They remind us of the definitions learned by the school boy, who, when he has learned them, knows but little more than to say his lesson well. We do not complain of the books, but of the system of teaching which requires them; for a pupil with a good memory could readily run over their pages in a few short months, and be fully able to answer the questions proposed to him in the green-box, and yet be entirely unqualified to practise the healing art; while to a diligent student, one who is disposed to avail himself of all within his reach—one who desires knowledge, rather than a mere license to be considered *wise*—they may be very useful. The authors manifest a commendable research, and have arranged their materials in a form alike convenient and concise. The works are worthy of a place in the library of the physician; serving, as they may, for reference on points which may not be so readily found in larger and less systematic treatises.

We notice a typographical omission in the *Vade-Mecum*, page 202, eighteenth line from the top—it should read *four* "equivalents of sulphate of iron," the *four* is left out.

A Treatise on Diseases of the Chest, being a Course of Lectures delivered at the New York Hospital. By JOHN A. SWETT, M. D., Physician to the New York Hospital; Member of the New York Pathological Society. D. Appleton and Company, 200 Broadway: 1852.

WE acknowledge the receipt of the volume with the above title, from the author; and, though we have not had an opportunity to read it, we are certain that it is worthy of a careful perusal, from the high professional character of Dr. Swett, and from the varied opportunities which he has enjoyed for research in the particular branch of pathology to which his attention has been turned in arranging the work before us. During most of his life, he has kept a register of important cases of chest disease that have fallen under his notice, and the statements made

in his book are founded upon carefully observed and recorded *facts*. To the work is added an appendix, containing a translation of Lebert's work on Pathological Physiology, with plates of the structure of tubercle and cancer, taken from microscopic observations. Sixteen lectures are devoted to the consideration of pulmonary diseases, embracing the physical signs, constitutional symptoms, duration, mortality, mode of treatment, &c., of bronchial, laryngeal, and lung diseases, in their several varieties. Fifteen lectures are also given, in which the diseases of the heart, with their signs, symptoms, treatment, &c., in connection with their medical anatomy and physiology, and the mode of conducting the physical examination of the organ, are described in detail. From the little we have seen of the work, we have no doubt it will prove a valuable aid to the practitioner. Five hundred and eighty-five octavo pages, well filled with the results of many years' close observation and research, in so important a class of diseases as that considered by the author, cannot fail to be well worthy of the notice and study of the practising physician.

EDITORIAL.

The New Jersey Medical Society; its late Meeting, Transactions, Spirit, and Prospects.

The late meeting, held for the first time at the Capitol of the State, was the *eighty-sixth* annual convocation of the physicians of New Jersey in the capacity of a State Society. Its transactions are appended to the present issue of the *Reporter*. They are full, interesting, and thoroughly indicative of the spirit of advancement which marks the history of our venerable corporation. It was a large meeting, about seventy physicians, we think, being present. Its proceedings were characterized by a

high-toned integrity, and solid adherence to the ancient and honored landmarks of the profession; and though an attempt was made from abroad, to bring down our standard to the recognition of a little school in a neighboring city, where the degree of the doctorate is conferred upon candidates with as little apparent care for the public weal, or their own reputation, as we see displayed by the reckless charlatan in his practice; and in less time than it requires for a school-boy to master the arithmetic; it was, by an overwhelming vote, announced to be unsuccessful. The position maintained by the Society was declared to be as follows: It recognizes officially no school or college of medicine, wherever situated, or by whomsoever conducted. It does not admit the right of medical institutions anywhere to send physicians to practice physic and surgery in New Jersey without its sanction; and though the Legislature has designated certain institutions in the bill of 1851, and gives to the Society the right to select others, the students of which may practice medicine without an examination by New Jersey censors, the Society will not exercise the choice of selection; but, while it quietly submits to the voice of the Legislature, it maintains what ground is left, unwilling to yield more than may be required by obedience to superior authority.

The unity of feeling, of purpose, and interest, manifest in the membership, promises for the future much success in the improvement of medical knowledge and literature among us; and we cannot but hope that our future meetings will be even more full and profitable than was the last. We would respectfully suggest to the consideration of the brethren, whether at least *two* days ought not to be devoted to the business of the Society; and whether it would not add to its usefulness among the people to hold an evening meeting in the interval between its business sessions, to which members of the Legislature, and the people generally, should be invited to hear the annual address of the President, and such other matters, in the way of reports, &c., that might be made interesting to the public mind.

Preparatory Medical Schools.

It may be recollected that, at one of the meetings of the American Medical Association, a resolution was adopted recommending the establishment of private institutions for the instruction of medical students in the interval between the winter terms of the colleges. Two such have already been established in the Southern States, one at Knoxville, Tenn., and one at Charleston, S. C. We have before us a circular issued by the faculty of the latter, in which they announce their intention to teach the "elements of medical education, in conjunction with a practical knowledge of the profession." It has occurred to us that New Jersey affords facilities for the establishment of such schools unsurpassed by any other location. The students who crowd the cities of New York and Philadelphia for medical instruction, ought to be supplied with opportunities for prosecuting their studies during the summer months in some of the rural districts within our limits, where they could have access to the hospitals of the cities almost as readily as they would have by remaining in town, and yet have thorough teaching in the various branches of medicine, with advantages for clinical observations under the direction of competent teachers, resident in pleasant locations beyond the din and burning heat of crowded cities. This recommendation offers to the physicians of our State residing near the cities, opportunities for medical enterprise which it would be well for them to consider and cultivate.

EDITOR'S TABLE.

Through this medium, the editor holds converse with his brethren of the press and of the profession in all parts of the country; and one of the burdens, not by any means the least

onerous that rest upon his shoulders, is to observe that etiquette towards the legion of editors, authors, pamphleteers, and publishers, whose productions crowd his table. But, while we recognize this as an onerous burden, it is so only in so far as it respects a proper discharge of our duty to *all*. For, while to us it is a real pleasure to read these various productions of authors, editors, and miscellaneous writers, our limited space will not permit us to give them all, that attention they justly merit. And here we must say that we feel the need of more room—the place is too strait for us; and the constant and increasing demand upon our columns in all the departments—original, bibliographical, and eclectic—reminds us that we must enlarge our borders. Will our friends look to this? *It must be done!*

In looking over our table, we see much material, but yet some things are wanting. For instance, the many communications promised some months since, and with which we almost *feared* we would be overwhelmed, have most of them yet to come. However, we do not despair—*Nil desperandum* always was our motto.

Our exchanges occupy the most prominent place, perhaps, on our table. To them we would say that, had we room, we would gladly, as do some of our contemporaries, devote a page or two in each number to the acknowledgment of them in detail; but this we can do but occasionally, and shall endeavor to make ample amends by copying from them articles for our eclectic department. This we consider the highest compliment we can pay them.

Books, for review and notice, have, of late, taken up a good portion of our table-room. To authors and publishers, we would say that while our narrow limits forbid elaborate reviews as a general thing, we shall always endeavor, in our bibliographical department, to devote as much space as we can spare, to honest and impartial notices of such works as are sent to us; and we would respectfully solicit from correspondents such brief critical notices of new publications as in their judgment they may merit.

Monographs, announcements, catalogues, &c., occupy their proportion of our table. To these we shall give such attention

as we think they deserve; and while we shall endeavor not to slight them altogether, we cannot make our journal a vehicle for editorial advertisements for rival schools, modes of performing operations, methods of treating disease, &c. Among these miscellaneous publications, there is a class which invariably interest us. These are lunatic hospital reports. Lunatic and other benevolent asylums and institutions are a characteristic feature of our age, and there is among them all hardly a charity more worthy of the support of the benevolent and philanthropic, than such as are devoted to ameliorating the condition of those whom an all-wise Providence has seen fit to deprive of that greatest of earthly blessings—reason.

There are now before us the *Fifth Annual Report of the Officers of the N. J. State Lunatic Asylum, at Trenton, for the year* 1851; and the *Report of the Board of Visitors of the Boston Lunatic Hospital, containing a Statement of the Condition of that Institution, and transmitting the Annual Report of the Superintendent for* 1851.

The first has been in operation five years. During the last year, fifty men and fifty-two women were admitted, and during the year the whole number under treatment was 264. There were discharged recovered, 37; improved, 39; stationary, 8; escaped, 1; died, 8; total, 93. Remaining, January 1st, 1852, 171, being nine more than the previous year.

The Boston Lunatic Hospital has been in operation for twelve years. Most of the inmates are from among the wretched emigrants that are annually cast upon our shores, the large majority being from Ireland. During the year ending Dec. 1st, 1851, there were admitted—males, 46; females, 46. Resident during the year—males, 127; females, 169; total, 296. There were discharged during the year as follows: Recovered, 27; improved, 4; not improved, 1; eloped, 1; died 22; total, 55. There are other facts of interest in connection with both these asylums which we would be glad to notice, but cannot for want of room.

The following have also been received:—

Logic, in its Relations to Medical Science: an Address delivered before the Starling Medical College, at its third annaul

Commencement, by Edward Thompson, M.D., D. D., Pres. of the Ohio Wesleyan University. Published by order of the Faculty.

A Table of all the known Operations of Ovariotomy, from 1701 *to* 1851, *&c. &c.* By Washington L. Atlee, M. D., Prof. of Medical Chemistry in the Medical Department of the Pennsylvania College, Phila.—We shall endeavor to notice this more in detail hereafter. *

ECLECTIC AND SUMMARY DEPARTMENT.

Trismus Nascentium—its history, etiology, and prophylaxis.—This is the title of a long and interesting article by JNO. M. WATSON, M. D., of Tennessee, published in the *Nashville Journal of Medicine and Surgery*, for the months of June and August last. We would gladly give the article in detail, containing as it does, in our opinion, very rational views on the subject in question, but for want of space we must be content with giving as faithful a summary of it as possible.

It is true that with us, this disease is of rare occurrence; but it is also true that when it does occur, 'the books,' often in difficult cases the only resort —especially of the inexperienced country practitioner—give little or no satisfaction on the subject. In fact, the disease is an established opprobrium medicorum; and too often are the fond hopes and anticipations of the doating mother dashed by this terrible and uncontrolable malady, before her own exhausted strength is sufficiently restored to enable her to bear up well under her bereavement.

It will be recollected that Dr. Watson is a resident of a slave state, and that most of his obstetric practice is probably in colored families; and in this country the disease occurs more frequently—though by no means altogether—among that class, consequent, as is shown by Dr. W., on their uncleanly habits, and the careless manner in which their infant offspring are attended to.

In commenting on the history of the disease, Dr. W. reviews the opinion of medical writers on the subject, alluding to the uncertainty of opinions expressed by them, their disagreement amounting to such a degree as greatly to impair our confidence in their writings.

It is but justice to the late Dr. Colles, of Dublin, to say that he long ago not only advanced views of the etiology of trismus nascentium very similar to those held by Dr. Watson, but "very nearly confirmed them by his dissections and observations." Dr. W. next criticises, pretty severely, the hypothesis of Dr. J. Marion Sims of Montgomery, Ala., who, in the *Am. Journ. of Med. Sciences* for April, 1846, and July and Oct. 1848, advanced the idea that the disease is one "of centric origin, depending on a mechani-

cal pressure exerted on the medulla oblongata and its nerves; that this pressure is the result, most generally, of an inward displacement of the occipital bone, often very perceptible," though frequently very slight: that this displaced condition of the bones, though one of the fixed physiological laws of the parturient state, becomes a pathological condition if persisted in for any length of time after birth; and that it is relieved "simply by rectifying the abnormal displacement, and thereby removing the pressure from the base of the brain." One mode of accomplishing this is by placing the infant on its side instead of its back, thereby avoiding pressure on the occiput.

This hypothesis of Dr. Sims is regarded by Dr. Watson as chimerical in the extreme.

With regard to the name of the disease, Dr. WATSON says:—

"It is a great misfortune that the term trismus nascentium was ever adopted; tetanus nascentium would have been a better, though a less euphonious one. There was no greater necessity for changing the name of this disease in the case of infants than there is to change that of pneumonia, dysentery, or colic, when they attack children. We had just as well term tetanus, trismus adultorum, trismus virium, or trismus feminarium, as to call it trismus nascentium. In the employment of these terms, that of tetanus would be kept too much in the back ground, as it really has been, by the use of the term trismus nascentium."

We now proceed to give Dr. Watson's view of the *etiology* of the disease.

"*The exciting cause of Tetanus Nascentium.*—A traumatico-tetanic condition of the umbilicus is, with very few exceptions, the constant exciting cause of this disease. This part of my subject I shall now discuss at great length as it is paramount in importance to all others, in a practical point of view. The analogy between traumatic tetanus, as it occurs in the adult and infant, is both striking and instructive, and well deserves our most particular consideration. In the adult, this disease generally comes on about the 8th or 9th day after the reception of a wound, and in the infant, it attacks so frequently on the 9th day after the cutting of the umbilicus, that it has been termed 'nine-day fits.' That portion of the cord which, after its division, is left in connection with the navel, is as liable to degenerate into an exciting cause of tetanus in the infant, as is a common wound in the adult. The beautiful physiological process of desiccation, contraction and separation of the cord so seldom occurs, that it has been disregarded by many eminent writers."

* * * * * * * *

"The infrequency of the healthy normal separation of the funis has not only been greatly overlooked by writers, but shows likewise how very liable infants are to irritation, inflammation and sloughing of that portion of it which is left at birth attached to the abdomen. This degeneration of a healthy vital action into a morbid, abnormal one, is easily induced by a great variety of causes, to all of which some children are more exposed than others, and among such tetanus is of far more frequent occurrence. These common causes among the blacks are bad dressings of the umbilicus, improper handling of the infant, wet and soiled dressings, which become alternately wet and dry for several days; to which may be added unsuitable applications to the navel itself after the detachment of the cord, that are more calculated to irritate and inflame the part, and in that way to provoke lock-jaw, than to soothe, heal and prevent its supervention."

* * * * * * * *

"That the exciting cause of this disease may be plainly seen and *practically* regarded, I will now set in order a number of facts, both in their proper relation to each other and their general bearing on its controverted points. From these, surely, a safe and useful conclusion may be easily deduced. By an arrangement of even dim lights in a proper manner, we

may discern an object which could not otherwise be seen by them; so in the present instance, by a proper collation of facts we may obtain a more correct view of the exciting cause of tetanus nascentium.

"The infant is no sooner born than it becomes a *traumatias;* a trauma must of necessity be inflicted on its umbilical cord; a wound on a part which is, as has already been shown in the first part of this treatise, so very prone to pass into a pathological condition, and thereby excite irritation and inflammation of the umbilicus, that many eminent writers have overlooked its physiological exceptions. With the brute mammalia, this artificial division of the cord is unnecessary, as theirs break according to an appropriate physical state; then dry, contact and fall off without even producing inflammation of their navels." * * * * "The infantile umbilical cord is too strong to be thus safely broken, and too full of the gelatine of Wharton to dry, contract, and fall off in the equinal way; it, therefore, requires some *rational* management. Really, it seems to have been designed by the Great Giver of mind, that the infant should not only receive instinctive, but likewise rational protection, at our hands. So, when their navel-strings are managed in a rational way, they will not induce irritation nor inflammation of the umbilicus."

The following observations will serve to set Dr. W.'s views in a strong light.

"I will now relate what must accord with the observations of most physicians who have done much practice among negroes. When called to see their children we find their clothes wet around their hips, and often up to their arm pits, with urine; smoking and kicking, the child is thus presented to us; when on examination we find the umbilical dressings not only wet with urine, but soiled likewise with feces, freely giving off an offensive urinous and fecal odor, combined at times with a gangrenous fetor, arising from the decomposition—not desiccation—of the cord: may I not say, that a vital, physiological drying and separation of the funis under such circumstances is impossible; hence the frequent pathological condition of the umbilicus in such cases, and I will add, the frequent occurrence of lockjaw also among them. Moreover, these navel dressings are not only thus acted on by the child's urine and feces, but they also become impregnated with a filthy, irritating moisture, constantly exuding from the sphacelated cord; there comes likewise an occasional intervening dry, rough state of these foul deathful appliances, during which they rub, irritate and excoriate a surface already excited by those foul agencies just mentioned. Nor is this all. Negro children are often improperly fed, and suffer from colic, and abdominal distention, causing them to fret, cry and kick, thereby producing abdominal movements well calculated to bring its navel dressings in rough contact with their navels. Their mothers never think of changing these hurtful dressings; either from a want of changes, or a disinclination to do so, they let them remain on—bandage and all—until the funis *sloughs;* after this, the applications are almost as hurtful as those previously employed—such as soot, dry dirt out of the back of the chimney, scorched cotton, a greasy cloth folded up into a hard compress, and a bandage drawn around these with unmerciful tightness. That there are many exceptions to this deplorable state of things, I readily admit; so I might add, there are many exceptions to attacks of tetanus; more indeed of the latter than the former, for every child that has a sore navel does not consequently have trismus."

Dr. W. next brings forward evidence from different sources in support of the above views; several physicians giving testimony from their own observations in their favor.

Dr. W. thus meets the following very specious objections to a proper *view of the* subject.

"1. That the navel may be badly inflamed, and yet not cause tetanus.

"2. That cases of trismus have occurred when there was no inflammation of the umbilicus.

"But for these considerations many would doubtless have entertained a much greater dread of a morbid state of the umbilicus, and would oftner have employed tetano-prophylactic measures in such cases. Indeed, with no little astonishment have I heard well informed physicians say, they did not believe that inflammation of the navel is the exciting cause of trismus, merely because they had seen very badly inflamed ones, without the occurrence of lockjaw; or, that they had seen cases where the umbilicus had healed over.—Verily, my surprise would be only equalled by the assertion, they did not believe that a wound was the exciting cause of tetanus in the adult, because they had seen very bad ones fail to produce it, or had seen cases occur after the healing over of wounds. Almost every practitioner knows, from personal observation, that an adult may receive a deep, dangerous and painful wound without incurring lockjaw as a consequence; also, that a wound may cause the disease after having healed over. Then, may not severe inflammation, or extensive ulceration of a child's navel, run its course without causing trismus? and may not the part heal over and yet, by an occult pathological condition, excite the disease?"

Not having anything to offer on the treatment of this incurable pathos, Dr. Watson's chief aim is, "to recommend a reliable prophylaxis by which a disease that cannot be cured, *may be prevented.*"

"*Prophylaxis.*—Means derive far greater consequence from their salutary effects in particular instances, than we could otherwise attach to them. While we almost despise the enema commune, yet we glory in its effects, when by it, a dangerous and alarming obstruction of the bowels has been relieved. How lightly do we also regard the mere titillation of the throat with a feather until by its employment we cause the stomach to expel from its depths a poison which, in a few minutes, would have destroyed the patient. Then we respect the means and rejoice in the effects. The lancet cut is but a small thing in itself, and yet we exult greatly in its triumphs over some of our most acute diseases. Then it is to the effects of the prophylactic measures, that I will direct the attention of the reader as well as the means themselves.

"Physicians have generally given up the dressing and management of the funis too much into the hands of unskilful nurses, least by a careful attention to such small things, they might compromise their fancied dignity. But every one who is properly impressed with a dread of tetanus from bad management of this part, will rather try to maintain his professional character and dignity by preventing a disease which he knows he cannot cure, however trifling the means may seem in the estimation of the ignorant, inexperienced, or prejudiced.

"The umbilical cord should be divided as usual about two inches from the abdomen, and well tied with a suitable ligature before its division. After the child has been washed by the nurse, another ligature should be applied lest the first one should become too slack from the contraction of the cord. A hole of a proper size should then be made through a piece of soft old domestic or linen, four inches wide and six long, through which the funis should be passed, and afterwards carefully wrapped with another soft piece of cloth two inches wide and three or four long. The cord should then be turned up towards the child's breast, and the cloth which was first applied should then be folded in on it from above and below, and from side to side. A soft flannel bandage should then be carefully put around the abdomen and pinned with moderate tightness. After this, should the navel-dressings become wet with urine or soiled with feces, they should be carefully removed and dry ones employed. This should always be done

by an experienced and careful nurse, lest the cord be prematurely detached. On a careful examination, should there be any signs of irritation, inflammation, or ulceration of the navel, the piece of cloth through which the wrapped funis passes, should be removed, by cutting with a pair of scissors from without into the opening in the middle; this being done, it may be removed without hurtfully disturbing the cord. After this has been done, it will be necessary to appply a little lard or simple cerate around the umbilicus, and apply another piece of cloth like the one just removed, unless the inflammation be very considerable; in that case, the part should be gently washed with warm milk and water, and a soft emollient poultice applied over the wrapped cord and surrounding surface to the extent of two or three inches. The application, removal, and renewal, of this poultice will require great care."

* * * * * * * *

"Soft, emollient poultices, certainly afford even an adult suffering from a wound, greater protection than any other means. Who ever saw a patient attacked with traumatic tetanus, who had had all the prophylactic benefits of good poultices, a well regulated temperature of his room, and appropriate internal remedies? The soothing action of the poultice seems indeed to prevent a wound from passing into that condition which excites lockjaw. The terminal extremities of wounded nerves, or those that have been exposed by ulceration, or irritated by inflammation, are protected by a poultice against that tetano-pathological condition into which they pass sometimes, when not thus guarded, with great facility.

But, alas! because the inflammation of the navel is trifling, or ulcer on it small, the physician does not consider either worthy of his attention, when, really, the very elements of death are more actively at work than in many other cases which so readily engage his closest attention and greatest skill. It is probable that a greater amount of human life might be saved by these simple preventives, than most physicians or nurses are aware of; and it is always far more difficult to procure the employment of such prophylactics, than those uncertain remedies which are so zealously administered sometimes for the relief of an incurable malady."

* * * * * * * *

"The writer of this treatise, while faithfully discharging his duty to infants in the employment of these prophylactic measures, has often experienced the jeers and taunts of nurses on such occasions. Every practitioner should, however, perform his duty to his little patient, be it white or black, in protecting it against an attack of a disease which he may prevent but cannot cure, and thereby impress nurses, parents, and even communities, with the great utility of such a course. In that way, our prophylactics may be raised above the contempt of the ignorant or those too wise to learn."

S. W. B.

In the *Reporter* for December last, (p. 100), we copied an article by George W. Garland, M. D. on the external use of Iodine. The following remarks on the same subject are from the pen of our highly esteemed correspondent, Dr. Ariel Hunton, of Hyde Park, Vt.

External Use of Iodine: By Ariel Hunton M. D.—In addition to what Dr. Garland has written on the external use of Iodine, commencing on the 46th page of the October number, I would state that in *my* hands it has proved a sovereign remedy in that painful disease, neuralgia. I have used this article externally, with extract of stramonium internally, in those affections, with satisfactory results, for several years. It will completely arrest the disease in a very short time; at least, I have succeeded in nearly every case for the last ten years. It is not within my knowledge that this recipe was thus used previous to *my* applying it in the manner hereafter

directed. Dr. Garland, if I understand him, directs the previous application of a stimulant, to insure absorption; *here* is the stimulant I use:

℞—.Iodini,
Camph.,
Capsici, āā gr. x.
Alcohol, f℥ij. M.

This is all the stimulant I have ever used, and feel assured no other is needed; wet the part affected about three times, or until a *warmth* is perceived; this will relieve almost any nervous pain. At the time of applying the iodine to the skin, give a pill of extract of stramonium, about half the size of a plump kernel of wheat. If it is pure, this quantity is sufficient. I prepare what I use, in order to insure a pure article, and design to affect the pupil; if it does not, increase the quantity. The paroxysms usually make their appearance periodically. I usually direct my patients to take a pill of the extract one-half hour previous to the expected attack, and wet the part *once* with the wash, as soon as this creeping, painful sensation is perceived, until the heat is perceptible.

If evacutions are indicated, (which is frequently the case,) have recourse to them. With this treatment I have relieved many so promptly that there was no paroxysm subsequent to the first application. It will be perceived I have an exalted opinion of this prescription. This day I have had a call to a case of this kind, ten miles from my residence, and relieved the patient promptly.

I have published the substance of this letter in the Northern Lancet. Not seeing the Lancet among your exchanges, I was induced to send this for insertion in the Journal, if you so determine.—*N. H. Journ. of Med.*

Medical Missionary Service.—The following gentlemen are under the patronage of the American Board of Commissioners for Foreign Missions. Newton Adams, M. D., located at Umlari, Africa; Henry A. Ford, M. D., at Baraka, Africa; C. V. A. Van Dyck, M. D., Hasbeiya, Syria; Henry A. De Forest, M. D., Beyroot, Syria; John Scudder, M. D., Madras; Charles S. Shelton, M. D., Madeira; Samuel P. Green, M. D., Menepy, Ceylon; Dyer Ball, M. D., Canton China; Charles H. Wetmore, M. D., Hilo, Sandwich Islands: Dwight Baldwin, M. D., Lahaina; Seth L. Anderson, M. D., Kanal; James W. Smith, M. D., Kola; Elizur Butler, M. D., Cherokee Indians; Thomas W. Williamson, M. D., Kaposia and Dakota Mission. These are all well educated, excellent practitioners, who are devoting their lives to a cause of the highest interest to the Christian and the philanthropist.—*Boston Med. and Surg. Journal.*

Radical Cure of Reducible Hernia.—An interesting correspondence has appeared in the papers of Boston between the committee on hernia of the American Medical Association and Dr. George Heaton, of this city, which discloses that gentleman's intention of publishing a volume. For several years past Dr. Heaton has been engaged extensively in the surgical treatment of hernia, and with a degree of success that indicates that there is some improvement at his disposal, superior to the ordinary processes. The application therefore by the committee has very properly been made to him, and we regret that his answer to the question, how a radical cure is brought about, will not be contained in their report. Dr. Heaton, on reflection, concludes to answer the respectful inquiry through a work distinctly appropriated to the subject, illustrated by a large collection of cases. When published, a more particular notice of it, and of his mode of operating, will be given.—*Boston Med. and Surg. Journal.*

A New Method of preparing Powders for Use in Medicine.—Wittke, of Erfurt, recommends a new and very useful form of powder. Tinctures, as is well known, generally possess the most active properties of the drugs from which they are prepared, but the amount of spirit they contain often renders their employment inadvisable. Wittke, therefore, mixes tincture of hellebore, of cinchona, &c., with an equal quantity of sugar, evaporates to dryness, and powders the residuum. In this manner, he succeeds in concentrating, in a very small bulk, the active portion of a very large quantity of the drug, and he prescribes the powder as saccharized cinchona, &c. These preparations bear some analogy to conserves, over which, however, they have a great advantage, in being free from mucilage, vegetable albumen, and other inert matters.—*Vierteljahrschrift fur die praktische Heilkunde*, 1851. *Band*, 3 *Analekton*, *S.* 14.

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Sanitary Reports. Essex County.—We do not despair of seeing the day when these reports in this country, as in England, will take some reliable shape, and be of material aid to the physician and philanthropist in his efforts at sanitary reform.

The *Reporter* for December contained a valuable statistical article, from the pen of Dr. James Paul, of Trenton; and we consider the following, which we cut from the *Newark Daily Advertiser*, of sufficient professional interest to warrant its preservation in the columns of a journal devoted to medical science. The reports have reference to the year 1851. *

"I send you tabular statements of the births, marriages, and deaths in Essex County, taken from reports in the office of the Secretary of State. They are evidently imperfect, as may be seen from the small number reported as dying from some diseases which we know to be peculiarly fatal and prevalent; intemperance, for example, is not noticed. Some townships, also, are more fully reported than others, so that an unfair estimate of their comparative mortality is presented. This is to be regretted, as full and accurate reports would be of great value to life insurance companies, and enable all to guard against those diseases most prevalent in particular localities.

BIRTHS AND DEATHS IN ESSEX COUNTY, FOR 1851.

BIRTHS.

	Sex.		Total.		Sex.		Total.
	M.	F.			M.	F.	
Caldwell,	27	25	52	Clinton,	49	29	78
Livingston,	14	15	29	Westfield,	4	1	31
Bloomfield,	59	52	111	N. Providence,	13	18	31
Orange,	44	41	130	Union,	15	15	30
Newark,	717	579	1366	Rahway,	47	54	101
Elizabethtown,	77	69	210	Belleville,	40	25	65
Springfield,	36	33	69	Plainfield,	48	42	90
							2393

The occupations of the fathers were as follows: farmers 145, manufacturers 40, mechanics 603, laborers 197, merchants 65, professional 39, not reported 1301. Sexes of births not given, 205.

DEATHS.

	TOWNSHIPS.													
	Caldwell.	Bloomfield.	Orange.	Newark.	Elizabethtown.	Springfield.	Clinton.	Westfield.	N. Providence.	Union.	Rahway.	Belleville.	Plainfield.	
Consumption,	11	6	12	77	23	7	1	1	10	4	15	4	7	178
Dysentery,	0	1	9	32	4	1	0	0	0	1	8	0	1	57
Casualty,	0	1	4	15	2	0	0	0	3	0	0	0	1	26
Typhus fever,	0	1	1	5	0	0	0	0	1	0	0	1	1	10
Bilious fever,	1	0	0	0	2	4	0	0	0	0	0	0	0	7
Scarlet fever,	1	2	4	15	21	0	0	0	0	0	0	4	0	47
Small pox,	0	1	0	0	0	1	0	1	0	0	0	1	1	5
Inflam. of lungs,	2	1	2	33	3	1	0	0	0	0	1	0	0	43
Do. of bowels,	1	1	1	24	0	0	0	0	0	0	2	0	0	29
Do. of brain,	2	0	0	16	0	1	0	0	1	0	0	0	0	20
Childbed,	0	1	3	9	1	0	0	0	0	0	1	0	0	15
Cholera infantum,	0	0	0	1	1	0	0	0	0	0	0	0	0	2
Hooping-cough,	0	0	0	1	2	0	0	0	0	0	1	0	0	4
Croup,	3	4	0	12	8	1	0	0	1	0	1	5	0	35
Erysipelas,	1	0	2	4	1	0	0	0	0	0	1	0	1	10
Liver complaint,	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Old age,	7	1	1	5	8	2	3	0	4	0	2	1	0	34
Convulsions,	0	0	3	36	1	0	0	0	0	0	4	0	1	45
Dropsy,	1	4	6	21	9	1	1	0	0	1	3	0	0	47
Paralysis,	1	0	3	1	1	1	0	0	1	0	0	0	3	11
Apoplexy,	0	0	1	87	0	3	0	0	1	0	2	1	0	15
Putrid sore throat,	0	0	0	0	0	0	0	0	0	0	2	0	0	2
All others,	9	6	16	112	26	5	6	0	3	2	6	4	1	196
Not reported,	7	7	11	28	22	8	0	19	0	0	5	12	2	121
Total,	47	37	79	455	135	36	11	21	25	8	54	36	21	965

Livingston not reported.

	AGES.											
	Under 5.	5—10.	10—20.	20—30.	30—40.	40—50.	50—60.	60—70.	70—80.	80—90.	90—100.	Not reported.	Total.
Caldwell	11	2	1	6	2	4	4	6	7	4	...	...	47
Bloomfield	19	2	2	4	...	2	2	3	1	1	...	1	37
Orange	34	5	7	9	3	9	3	4	4	...	...	1	79
Newark	286	35	25	29	33	31	28	13	3	3	...	9	455
Elizabethtown	67	8	4	10	10	6	7	3	9	9	1	2	136
Springfield	7	2	3	2	3	6	4	5	1	2	1	...	36
Clinton	3	...	...	...	2	...	...	...	4	2	...	...	11
Westfield	7	...	...	...	2	1	3	3	3	2	...	...	21
N. Providence	6	1	2	1	3	4	2	...	1	2	1	2	25
Union	2	...	...	2	...	...	...	2	2	...	...	...	8
Rahway	25	...	...	2	5	4	5	3	3	3	2	2	54
Belleville	21	3	1	2	1	1	3	...	2	...	...	2	36
Plainfield	6	1	1	3	1	1	2	1	3	1	...	...	21

Livingston not reported.

The marriages reported are as follows: Caldwell 18, Livingston 4, Bloomfield 17, Orange 31, Newark 157, Elizabethtown 82, Springfield 12, Clinton 8, Westfield 14, N. Providence 1, Union 11; total 355.

The number of deaths reported from the whole State is 4235, of which consumption has caused 712, dysentery 344, casualty 135, typhus fever 45, bilious fever 39, scarlet fever 145, small pox 22, inflammation of the lungs 82, inflammation of the bowels 60, inflammation of the brain 68, child-birth 40, cholera infantum 24, hooping-cough 57, croup 99, erysipelas 38, liver complaint 11, old age 179, convulsions 131, dropsy 163, paralysis 67, bronchitis 5, apoplexy 42, putrid sore throat 23, all others 879, not reported.

The whole number of births reported is 11,861; more than double the number of deaths. Of these, 5926 were males, 5606 females, and 329 no sex reported. The whole number of marriages is 2857.

We copy the following spicy notice of a late publication on Homœopathy from the "Independent," a religious periodical published in New York. It is from the pen of Henry Ward Beecher, well known as a popular preacher and writer; and in these days of clerical degeneracy from scientific medicine, it is refreshing to find one of the order, who possesses unusual abilities, taking off the vail from this absurd system of imposture, and declaring his creed to be faith in the medical adviser of his own selection, whose business it is to select the medicine which he shall take, without consulting his own notions or inclinations.

But we must give the article, and can promise to our readers a hearty laugh over it:—

Homœopathic Domestic Physician. By J. H. Pulte, M. D.—Occasionally the *Star* correspondent of the *Independent* receives a book with a request that he will notice it, which he always does—though he sometimes forgets to write that notice out for the public.

But this excellent manual comes to us from our friend Barnes with a note, saying, that the request to notice proceeded upon the understanding that we were good Homœopathists. This is the first knowledge that we ever had of our belief. Indeed, we find it a little difficult to state our medical creed; a difficulty, we believe, experienced about these days by not a few in regard to graver creeds.

If one listens by turns to the asseverations of the schools, the Botanical, the Eclectic, the Hydropathic (we confess to a small hobby there), the Homœopathic, the Magnetic, and the Allopathic, and *believes* in their infallible skill and power, he will be grateful that sickness is coming to be entirely unnecessary. With such specifics for everything, with such bulwarks of health served by men that never miss in a fair match with disease, sickness must soon be regarded as a great weakness, and death almost a felony. Indeed, a friend even now has a lecture, for which he asks us to secure him an audience, entitled, "Disease is Sin." Of course, death is overt transgression. But to return.

We have steadfastly adhered to the old school; probably from our naturally conservative bias. New-fangled notions we always have had our own opinion of. We have stuck, therefore, to the good old paths of medicine, and refused to remove a landmark—blister, lancet, pill, bolus, lotion, potion, all are yet objects of respectful reverence. We have grave moral doubts as to this insidious, mysterious, tasteless Homœopathy. It seems not unlikely to be a part of a general tendency to effeminacy which is creeping in with wealth and refinement. There is a strong aroma of indolence about it. It

requires no exertion, no self-denial. Taking medicine, once a manly and heroic achievement, has become a mere sugar-plum affair.

Once doctors sat down around a sick man like a fleet of ships about Gibraltar. They bombarded a disease, front and rear, with balls and boluses; they pierced it, or scarified it, or hung upon its course with cataplasm and blister at such a rate, that any man with half an eye could see that one or the other must give out speedily—the disease or the patient! But now our Homœopathic Chesterfield regards a disease as a good-natured intruder, that can be winked and bowed and smiled out. Diseases are mere callers, ready to stop at the door and leave their card, or sit five minutes and be off;—a very different set from the old surly, obstinate tenants, who held our bones and organs upon indefinite leases. A sniff, a pellet which it requires an eye of faith to see, a mere medical hint as it were, is enough to do what ounces, pounds and quarts could scarcely effect. This is jugglery, we fear, or worse. No man, on recovery, can look back, with an applauding conscience upon his own sincere endeavors as once he could. To sit up in bed, when from hair to heels you are but one prolonged nausea; with swimming eye to descry your nurse approaching with lukewarm senna; to calculate with stomach-heaving arithmetic how many gulps will be required; and then with every resource of your being at burning martyr-point, to thrust the unutterable abomination down, and with even fiercer fight to *keep* it down—who, as he fell back on his newly beaten-up pillow, has not felt that no disease with one particle of self-respect would long stand in company with such hideous medicine? One is proud of his Anglo-Saxon capacity; of his sacrifices and sufferings for health; and when health returns he feels that he has *earned* it, and paid, by pain and potion, every farthing which the violated laws of health exacted. To get well was evidence that a man was made of the sternest stuff.

But, pah! We are ashamed to think how these effeminate doctors, who carry a whole apothecary shop in a pocket-book no bigger than your hand, walk in, put three drops of something into two half tumblers of water, giving you a teaspoonful, utterly tasteless, hour by hour; or put upon your tongue three or four white specks of milk sugar, and that he calls medicine! Our Anglo-Saxon forefathers would have scorned to get well upon such a dainty practice, and would die like men upon substantial medicine rather than sneak back to life upon such effeminacy.

To be sure, almost every relative that we have, paternal, fraternal, seroral, but *not* uxorial, has yielded to the insidious temptation and gone into these bye and forbidden paths. We feel like *Abdiel*, faithful found among the faithless; and we do not mean soon to desert the friends that have stood by us in so many chills and fevers, so many bilious fevers, and measles, and chicken-pox, and influenzas, &c. &c.

We are daily exhorted to apostacy. Example and encyclopedias of advice are lavished upon our obduracy. Our friends are against us; our parishioners, not a few, are against us. Books have been sent us. Oh, the cures that have been recounted! We are duly impressed, from time to time, with the fact that our departed neighbor would have been alive now, if he had taken his friend's advice and sent for Homœopathy; this child had gone down in the car of Allopathy to death's door, but changing drivers the chariot of Homœopathy brought him back in a jiffy. This friend had a sick headache, took three pills of pulsatilla, and before she could get the bottle corked up again she was entirely cured. We are assured that croup is now nothing, if you only have the right medicine by you. Measles are right down good fun, and teething and convulsions medical diversions. Scarlet fever, that bloody horror of the nursery, the moment he sees Dr. Hahnemann, "comes right down." Indeed, the old red dragon is crestfallen, and goes about as different from the scarlet fever of Allopathy as Red Jacket, civilized

into drunkenness and into a ditch, was from the whileom savages who greeted a midnight village with a warwhoop, and found their way into it by the light of its blazing roofs!

If one dies under this practice, we are assured that "all men *must* die when their time comes, in spite of all medicine." And this seems rational. But if it had been Allopathy, they would have taken us by the button, shook their sad heads, sighed, and ejaculated, "strange!" as if no excuse could be given for a man who died in the pale of the old school. It was evidently suicide.

Then, too, there is no harm done, even if there is no good, we are told. Pa and ma are afraid of *strong* medicine! But these darling little dainties, these pills for fairies, you may take any number without danger. Indeed their power is inversely as their number. Three are better than four, two better than three, one better than two, and none at all better than—but we will not say that.

But we have observed how much more medicine is taken by many of our kind friends of this school than by us. To be sure, a stout blue pill is a mountain by the side of their Homœopathic dust. But then we only take such once a year. Now medicine so harmless as those dear little phials contain is a very temptation.

Does the head ache?—a pill. A stitch in the side?—a pill. Heavy eyelids, with recurring symptoms about the same time every night?—a pill. Is the nose stuffed?—catarrh?—*nux vomica*. Does the nose run, like a fugitive slave?—*lachesis*. Is it suddenly arrested and shut up?—*aconite*. Is one troubled in the face? Deliverance abounds. A hard face, without feeling?—a little quicksilver. Redness in the face, agitation and disposition to crawl?—*belladonna*. And so on. Life, with some nervous people, becomes an interesting game. Their body is like a forest, pains are the wild beasts, and pellets the means of hunting them, and the patient lies in watch for a pain with as much zeal as a hunter among the reeds for the descent of a flock of ducks. He and she have got something that will do the business for them.

In good earnest, we regard medicines with little favor. Our first receipt for sickness is not to get sick; our second reliance is upon a well-bred, sensible doctor. *We* select the doctor; it is *his* business to select the medicine, and we do not care a pin what it is. To all who ask us, therefore, what school we believe in, we reply: we are firmly persuaded of Dr. Mitchell! This is the sum of our present creed.

By-the-bye, since reviewing this book we have had occasion to *read* it, and we really think, bating some pugnacity and an apparent conviction that, of all diseases, Allopathy is the worst that ever afflicted the world, it is an excellent manual. Those who believe in Homœopathy, who wish to try it upon themselves and save the expense of a doctor, will find here a means of detecting more pains and symptoms in themselves in one day, than they ever dreamed of before in their whole lifetime.

Dr. Pulte is a German physician practising in Cincinnati, whom we formerly well knew, practising in the families of our own relatives, and we should regard his manual as safe and judicious as any other that we know.

Practical Rules on the Suppression of Arterial Hemorrhage. By Professor Syme.—In the first place, you should hold it established, that it is always desirable, if possible, to arrest bleeding from arteries by means applied at the seat of injury. Secondly, you may be assured that bleeding at and below the wrist, and at and below the ankle, is always under the control of pressure, provided it be properly employed—that is, not superficially, but from lint, or some other suitable substance being introduced into the wound, and made to press directly upon the orifice of the vessel. Thirdly, in

wounds of all arteries, accessible between the limits just mentioned, and the heart, the vessels should be exposed at the seat of injury, and tied on both sides of the wound it has sustained. This principle has been so loudly maintained by Mr. Guthrie, that I believe some people have given him the credit of its origin; but it has been long established as a sound principle of practice by surgeons of the highest eminence, both at home and abroad, and more especially by Mr. John Bell, of Edinburgh, in whose *Principles of Surgery* you will find many graphic and impressive lessons of the effects resulting from attention to it, and also from its regard.

One evening I received a message from the Northern Railway, that there was a steamboat waiting at Granton to carry me across the Firth to Burntisland, where a special train would be ready to proceed onwards, but whither, or for what purpose, there was no information. Having travelled a considerable distance, I met several practitioners, of great experience and intelligence, who were suffering much anxiety in regard to a youth, in whose forearm an incision for an abscess had bled profusely. As it was quite away from the radial artery, the ulnar was concluded to be the source of hemorrhage, and had been sought for by dissection upwards towards the elbow, along the course of the muscles, between which it is wont to run, but without success; and, as the patient seemed little able to bear any further loss of blood, it was deemed desirable to have a consultation as to the most efficient measure of relief, even though it might involve ligature of the humeral artery, or removal of the limb. Acting upon the principle abovementioned, I scratched away the clot at the bleeding point, from which a copious stream instantly issued, but arresting this with my thumb, pressure being at the same time made upon the humeral, I dissected a little through the adjacent texture, and brought into view a large artery, under which a double ligature was passed, and tied on both sides of an aperture distinctly visible in its coats. In less time than I have taken to describe the process, the patient was thus transferred from a state of extreme danger to one of perfect safety. The artery was obviously the ulnar, which had come off higher than usual from the humeral, and pursued an irregular course externally to the fascia of the forearm, thus explaining how it had been wounded by the superficial incision, and how it had escaped the deep dissection.

The fourth rule I have to offer is, that when an aneurism forms after the wound of an artery, the same means should be employed as in the first instance, unless the vessel concerned be of a large size, and admits of having a ligature applied to it, without the intervention of any large branch between the seat of obstruction and the wound. The formerly not uncommon case of aneurism at the bend of the arm, as a consequence of the humeral artery being wounded in venesection, affords a good illustration of the advantages resulting from attention to this rule, since relief was thus afforded much more easily, safely, and securely, than by ligature of the humeral further up the arm.

To illustrate the exception mentioned, I may relate the case of a young man who, in one of the most remote of the Orkney Islands, accidentally thrust the blade of a knife into the middle of his thigh, so as to wound the femoral artery. The blood gushed forth with great violence, but was restrained by a compress, formed of eight half crowns, wrapped in a piece of cloth. The wound healed, and an aneurism soon afterwards appearing, he was sent here to my care. Respect for the general principle, and suspicion from the purring sound, that there was a communication between the artery and vein, suggested considerations which were opposed to ligature of the femoral, but I nevertheless preferred this operation as the ligature could be applied without the intervention of any considerable branch; and I accordingly performed it, with the happiest result.

The following case will show the danger of not strictly limiting excep-

tions to the rule within the limits which have been mentioned. A middle aged woman, in a country town, while walking up a steep and slippery ascent, and carrying a knife, with which she had just killed a pig, fell, and thrust the sharp point of the blade completely through her leg, a little below the knee, entering between the tibia and fibula, and issuing at the lower part of the popliteal space. Blood gushed from both openings, but when she was laid in bed ceased, and did not return. At the end of a fortnight, the wounds having healed, she attempted to walk, and found that a swelling had taken place at the seat of injury, on account of which, by the advice of her medical attendant, she came here to be under my care. On examination, I found a large pulsating tumor in the forepart of the leg, immediately below the knee; and another of equal size in the popliteal cavity.

Feeling unable to determine whether the anterior or posterior tibial, or the popliteal artery itself, was the vessel wounded, and, on the whole, being inclined to think that the one last mentioned was most probably concerned, in which case ligature of the femoral would be the proper course, I adopted this measure. No bad consequences followed the operation, the tumors ceased to pulsate, and favorable expectations were entertained of the result for two or three weeks, when the anterior wound below the knee opened and bled profusely. I dilated it freely, evacuated the cavity of its fluid and coagulated contents, aud applied firm pressure between the tibia and fibula, whence the blood was found to issue. Mortification followed, and I performed amputation, without saving the patient's life. There can be no doubt that, in this case, if the true state of matters could have been ascertained, and a ligature applied to the anterior tibial, which was divided just before it passed through the interosseous ligament, both the limb and life of the patient would have been preserved.—*Monthly Journal of Medical Science.*

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Notice.—The fifth annual meeting of the American Medical Association will be held at Richmond, Va. on Tuesday, May 4, 1852.

All secretaries of societies, and of other bodies entitled to representation in this association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed.

The following is an extract from Art. II. of the constitution:

"Each local society shall have the privilege of sending to the association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

The medical press of the United States is respectfully requested to copy.

P. CAIBORNE GOOCH,
One of the Secretaries, Park St., Richmond, Va.

TRANSACTIONS

OF THE

NEW JERSEY MEDICAL SOCIETY.

MINUTES OF THE 86TH ANNUAL MEETING.

The eighty-sixth Annual Meeting of the Society was held in Temperance Hall, Trenton, January 27, 1852.

The President, Dr. Phillips, called the Society to order.

OFFICERS.

President,	J. H. PHILLIPS.
First Vice-President,	O. H. TAYLOR.
Second Vice-President,	W. NICHOLS.
Third Vice-President,	S. LILLY.
Corresponding Secretary,	A. B. DAYTON.
Recording Secretary,	W. PIERSON.
Treasurer,	J. S. ENGLISH.

Standing Committee.—J. PAUL, J. B. MUNN, A. COLES.

Certificates of Delegation were read and accepted from the following Districts, viz:—

Essex.—A. Coles, C. Eyrich, Ward, and Crane.

Sussex.—J. R. Stuart, A. D. Morford, J. Miller, and C. Allen.

Burlington.—Longtree, A. E. Budd, D. B. Trimble, and I. P. Coleman.

Mercer.—J. Paul, J. B. Coleman, J. Woolverton, and G. R. Robbins.

Camden.—T. F. Cullen, C. D. Hendry, A. D. Woodruff, and J. V. Schenck.

Hudson.—J. M. Cornelison, and Charles Cook.

Cumberland.—J. W. Ludlam, E. M. Porter, and J. B. Potter.

Hunterdon.—S. Lilly, G. P. Rex, W. Johnson, and J. Blane.

Gloucester.—J. Sickler, and S. T. Miller.

Monmouth.—W. A. Newell.

Passaic.—G. Terhune, F. S. Weller, L. Burr, and A. W. Rogers.

Morris.—Stevenson, J. B. Munn, Canfield, and L. Condict.

FELLOWS PRESENT.

J. B. Munn, J. G. Goble, L. Condict, J. W. Craig, F. S. Schenck, B. H. Stratton, R. S. Smith, S. H. Pennington, and L. A. Smith.

On motion of Dr. Taylor, *Resolved*, That Dr. McClintock, of Philadelphia, and such other medical gentlemen present not delegated, be admitted to seats in the Society.

The following were appointed Committees on Treasurer's Accounts:—Craig, Rex, Woolverton. On Unfinished Business:—Parrish, Ludlam, and Sickler.

Nominating Committee.—Sussex, J. R. Stuart; Burlington, D. B. Trimble; Essex, L. A. Smith; Mercer, J. Paul; Camden, A. D. Woodruff; Hudson, J. M. Cornelison; Cumberland, J. B. Potter; Hunterdon, G. P. Rex; Gloucester, S. T. Miller; Morris, J. B. Munn; Salem, Cook; Somerset, J. W. Craig; Passaic, G. Terhune.

Dr. Paul, Chairman of Standing Committee, presented the Annual Report, which was accepted.

On motion, *Resolved*, That the Society will adjourn for dinner at 4 o'clock, each member defraying his own expenses; and that the last clause of the resolution be a permanent arrangement.

Resolved, That the Society now take a recess till two o'clock.

On re-assembling, the President addressed the Society on the subject of "The Medical History of the Country."

On motion of Dr. Pennington, a vote of thanks to the President for his address was ordered, and a copy requested for publication.

The following Bills were ordered to be paid, viz:—

Sherman & Hanon, for advertising, . . .	$5 26
Newark Daily Advertiser, for printing By-laws and Diplomas, ...	85 00
W. Pierson, for freight and porterage, . .	37½
W. Magill, for advertising, ...	62½
J. H. Phillips, ...	5 00
For use of Hall, ...	2 00

A communication was received from Dr. McClintock, Dean of Faculty of Philadelphia College of Medicine.

Ordered to lie upon the table for present.

The following resolutions, offered by Dr. Pennington, were adopted.

Resolved, That this Society have heard, with unfeigned regret, of the death of Dr. Whitfield Nichols, for many years a valued member of the profession, and at the time of his decease one of the Vice-Presidents of the Society.

Resolved, That while we mourn the loss that this Society, and the community in which he resided, have sustained in his decease, we would record, with grateful emotion, our high estimate of his many virtues, and hold before our minds, for imitation, that union of unaffected modesty with professional excellence by which the deceased was distinguished.

Resolved, that the foregoing resolution be placed on record in the Minutes of the Society, and that a copy of the same be sent, with the respectful sympathies of the Society, to the family of the deceased.

The Committee on Unfinished Business submitted the resolutions and subject matter, relative to the establishment of a Medical Library, presented at a preceding meeting.

A Report from Dr. L. Condict, relative to the United States Pharmacopœia, was submitted and accepted.

On motion of Dr. Phillips—

Resolved, That a committee be appointed to report a plan for the formation of a library; which was negatived.

The further consideration of the subject was then indefinitely postponed.

The communication from Dr. McClintock was now taken up; and Dr. McClintock was heard.

After some discussion, it was, on motion—

Resolved, That the whole subject do lie on the table.

The Chairman of Standing Committee reported favorably upon the Constitution and proceedings of the Hudson County District Society.

The several scientific committees appointed at the last meeting reported, and the Society took action as follows:—

First committee, by Dr. Parrish, presented a report on the chemical action of the kidneys, which was accepted, and the subject, by request of the committee, referred back to the same committee, for further investigation, Dr. D. B. Trimble being appointed to fill the vacancy occasioned by the death of Dr. Haines.

Second committee submitted a partial report, which was referred back to same committee. At the request of Dr. L. A. Smith, Dr. A. Coles was appointed chairman in his stead.

Third committee, made report by Dr. J. B. Coleman, which was accepted, and the subject referred back to the same committee.

Fourth committee, reported no action. Dr. Paul, at his request, was excused from acting, and J. H. Thompson, of Salem, substituted in his place; Dr. Gibbon being appointed chairman.

On motion—

Resolved, That an extra appropriation of sixty dollars be made to the Medical Reporter.

The Committee on Treasurer's Accounts, reported that they had examined the vouchers, accounts, and books in his hands, and find them correct, and a balance in hand of $230 77.

The following were appointed officers for the ensuing year:—

President,	O. H. TAYLOR, of Camden.
First Vice-President,	J. PAUL, Trenton.
Second Vice-President,	S. LILLY, Lambertville.
Third Vice-President,	A. B. DAYTON, Middletown.
Corresponding Secretary,	J. PARRISH, Burlington.
Recording Secretary,	W. PIERSON, Orange.
Treasurer,	J. S. ENGLISH, Manalapan.

Standing Committee.—G. P. REX, Chairman (Reaville), J. M. CORNELISON (Jersey City), and E. FITHIAN (Greenwich).

CENSORS.

Passaic.—L. Burr, A. W. Rogers, G. Terhune, F. S. Weller.

Essex.—L. A. Smith, S. H. Pennington, A. Coles, and G. R. Chetwood.

Morris.—J. B. Munn, J. C. Elmer, J. B. Johns, and N. W. Condict.

Sussex.—F. Moran, J. R. Stuart, A. Linn, and J. Titsworth.

Somerset.—R. S. Smith, H. H. Vanderveer, S. K. Martin, and W. D. McKissack.

Monmouth.—D. Polhemus, W. A. Newell, J. S. English, and E. Taylor.

Burlington.—B. H. Stratton, Z. Read, G. Haines, and J. Parrish.

Mercer.—J. Paul, J. B. Coleman, G. R. Robbins, and J. H. Phillips.

Hunterdon.—W. Johnson, G. P. Rex, J. Blane, and S. Lilly.

Camden.—I. S. Mulford, O. H. Taylor, C. D. Hendry, and A. D. Woodruff.

Gloucester.—J. R. Sickler, J. F. Garrison, J. C. Weatherby, and E. F. Clark.

Salem.—C. Hannah, C. Swing, Q. Gibbon, and T. Yarrow.

Cumberland.—W. Elmer, G. Tomlinson, E. C. Bateman, and J. W. Ludlam.

Hudson.—J. M. Cornelison, C. Cook, J. E. Culver, and Magrave.

Drs. Paul, Coleman, and Woolverton were appointed a committee to procure a room and make arrangements for next annual meeting.

Society adjourned to meet at Trenton, at eleven o'clock, on fourth Tuesday of January next.

The following persons have received diplomas the past year from J. H. Phillips, President:—

Upon the certificates of the Boards of Censors—

Name.	County.	State.
Garret H. Cline,	Warren,	New Jersey.
Charles G. Adams,	Passaic,	"
Irinie D. Young,	Burlington,	"
George M. Burgess,	Middlesex,	"
John Woolverton,	Mercer,	"
Samuel W. Butler,	Burlington,	"
Frederick A. Kinch,	Essex,	"
Willard F. Combs,	Hunterdon,	"

Upon presentation of diploma and certificate, according to new law :—

Robert Sloan,	Morris,	Univ. of N. York.
Joseph Sheppard,	Cumberland,	Univ. of Pa.
Edward D. G. Smith,	Essex,	Coll. of P. and S., N. York.
Ephraim Bateman,	Cumberland,	Jeff. Coll.
Philip F. Hulshizer,	Warren,	Pa. Med. Coll.
Lewis H. Mosher,	Somerset,	Univ. of N. York.
Richard B. Mershon,	Hunterdon,	Jeff. Coll.
Simeon S. Dana,	"	"
A. Alex. Howell,	Monmouth,	"
John W. Blackfan,	Hunterdon,	Univ. of Pa.
Joseph Hoffman,	"	"
Joseph C. Boardman,	Mercer,	"
Winslow Jackson,	Gloucester,	Jeff. Coll.
Wm. W. L. Phillips,	Mercer,	"
Jacob Quick,	"	Univ. of Pa.
Wm. S. Creveling,	Hunterdon,	Univ. of N. York.
John E. Presson,	Salem,	Univ. of Pa.
John R. Andrews,	Camden,	Penn. Coll.
Ambrose B. Hill,	Essex,	Jeff. Coll.
John M. Cornelison,	Hudson,	Coll. P. and S., N. York.
Wm. I. Moore,	Morris,	Jeff. Coll.
Alfred Wyker,	Sussex,	"
Thomas Sailer,	Gloucester,	"
Charles Cook,	Hudson,	Univ. of Pa.
Lorenzo W. Elder,	"	Coll. of P. and S., N. York.
Charles Dunham, Jr.,	Burlington,	Univ. of Pa.

Name.	County.	State.
Saml. T. Locke,	Burlington,	Jeff. Coll.
Greenlief D. Doggett,	Hunterdon,	Coll. of P. and S., N. York.
Walter Ward,	Burlington,	Univ. of Pa.
Robert S. Middleton,	"	Penn. Coll.
Wm. Kennedy,	Warren,	Univ. of Pa.
Jacob W. Williamson,	Somerset,	"
Ch. Bartolette,	Hunterdon,	Jeff. Coll.
Jos. E. Arrowsmith,	Monmouth,	Univ. N. York.
Edward I. Grant,	Mercer,	Univ. of Pa.
Benj. S. Fisler,	Burlington,	Jeff. Coll.
Wm. H. Linn,	Sussex,	"
Ch. Voorhees,	Middlesex,	"
Henry F. Vanderveer,	Somerset,	Coll. of P. and S., N. York.
Joseph H. Wilson,	"	Univ. of N. York.
Leison English,	Monmouth,	Univ. of Pa.
Jonathan H. Leaming,	Cape May,	Jeff. Coll.
Robert R. Conover,	Monmouth,	Univ. of N. York.

W. PIERSON, *Rec. Sec'y.*

ADDRESS OF THE PRESIDENT.

GENTLEMEN:—By a modification of the charter under which this society exists, its annual meeting is to-day held at the capitol of the State, under circumstances peculiarly interesting and important, and which, if rightly improved, is calculated to promote its reputation and usefulness.

In the discharge of the duties imposed upon me as President of this Association, the rule of the Institution requires that I should address you on some useful and interesting subject; a medical or philosophical theme has usually been selected, and the records of the Society furnish abundant proof of the zeal and ability with which this duty has been discharged.

The field of inquiry open to our investigation embraces so much in its wide extent as to render it difficult to determine our choice, or what subject we should present to your consideration, as being best calculated to interest your attention, promote the usefulness of the profession, and advance the interests of the cause in which we are engaged.

The Medical Society of New Jersey, occupying as it does the proud position of being the first society of the kind regularly formed and organized in the United States, and laboring, as it ever has from the time of its voluntary incorporation, July 23d, 1766 (with the exception of the few years that elapsed during our revolutionary struggle), for the promotion and advancement of medical science, I have thought that a history of medicine, so far at least as it relates to our own country since its settlement by the Europeans, noting some of the most important changes that have taken place, within this period, in the principles and practice of the healing art, would not only afford us a pleasing theme for contemplation, but acquaint us with that knowledge

of its progress towards its present advanced condition so essential to the intelligent and successful practitioner.

In the commencement, we would remark that, with the progress of the Reformation and the revival of letters, the public mind began to manifest a spirit of general improvement, and felt a strong impulse to free itself, not only from the thraldom of theological bigotry, but from the tyranny of opinion on all other subjects, and as a consequence, the arts and the sciences gradually revived and were studied on a more successful and philosophic plan. The science of medicine, partaking of the beneficial effects of this condition, exhibited, as one of the most striking evidences of this improvement, the application to itself of the same scientific principles which had been found most successful in the advancement of the other departments of philosophy; and although, amid the conflict of error and opinion which at that time prevailed, it failed directly to accomplish its object, yet we discover in each successive theory, which from time to time prevailed, some improvement in our knowledge of the phenomena of disease, the influence and effect of remedies, and the slow but steady progress of advancing truth, leading to the ultimate establishment in medicine, of that spirit of inductive philosophy introduced by the commanding genius of Bacon, which had been adopted in the other departments of natural science, and which in medicine has done so much to advance the principles and progress of the art.

In proof of this, we need only inquire what were the doctrines of that period, how were they received and acted upon, and how long were they permitted to exercise an unlimited control over the minds of the profession?

In reply to the inquiry suggested, I will simply remark that the doctrines of that period, unlike those of Galen which preceded them, and which were so unanimously received and implicitly adopted for so many centuries, were by the spirit of the age subjected to a system of rigid analysis and investigation, and only so far as the doctrines taught were found, upon examination, to be based upon principles consistent with the laws that regulate and govern the phenomena of the animal economy, were they received or adopted.

Commencing then our investigations with the early settlement of this country, we find that the persecutions of the mother country had driven to our shores a class of men, strongly imbued with the love of civil and religious liberty, who, having felt the strong arm of tyranny and oppression, sought in these western wilds a fair field, and fair play, for the exercise of those civil, political, and religious privileges which had been denied them in the old world. Among them were many men of talent, piety, and learning; yet the situation of the American Colonies was such, for a long period after their original settlement, as to afford but little inducement to emigration to the medical men of the old world; accordingly, we find that the profession of medicine at this period, and for a succession of years thereafter, was in a very low and degraded condition.

In the infancy of this country, as well as in the infancy of the science, the priests appear to have been not only the earliest practitioners, but, as the general depositories of knowledge, to have collected and preserved what was known of the healing art. Indeed this appears to have been the natural progress of society in its earlier periods, and accordingly, in the annals of that period will be found the names of many clergymen engaged in the practice of medicine.

At this period of our existence, when the people were engaged in the establishment of institutions, social, political, and literary, surrounded as they were by numerous opposing obstacles, it is evident that but little could be done for the promotion and advancement of the science of medicine; indeed, we find but little, deserving of particular notice until about the commencement of the eighteenth century, when, with the progress of civilization, an augmented population, and increasing facilities of European communication, the science of medicine, animated and cherished by the genius of our institutions, began slowly to emerge from that state of darkness and ignorance by which it had been surrounded, and assume in the circle of the sciences a free and independent station.

As to the doctrines which prevailed at that period it may be said they were essentially the same with those prevailing in the mother country, being those of the illustrious Bœrhaave; the basis

of his system being in a great measure mechanical, yet united with certain parts of the humoral pathology, its leading features being the great and undue importance which he gave to the fluids in the production of disease, and which by a change in their physical and chemical constitution, their viscidity, thinness, or acrimony, with the various morbific matters they contained, were supposed to render them operative in the production of disease; and the practice adopted, and remedies employed were such, as were supposed to act by changing and counteracting this condition of the fluids upon which their agency in the production of disease was supposed to depend. These doctrines, taught with all the ability, learning, and eloquence of their distinguished author, controlled for nearly a century, not only the opinions and practice of the medical men of the old world, but of the new, which was in such close connection with, and dependence upon it.

This system, though containing much that was valuable, was unable long to resist the tests of observation and experiment, so peculiar to the age, failing as it did to satisfy those who were not content with theories, however highly wrought or beautiful they might appear, unless based upon principles consistent with the phenomena of life, and those established truths which the progress of the science had taught as its only rational foundation; therefore, like all other systems based upon hypothesis, and sustained by speculation, it ultimately yielded to the more enlarged and liberal theories of those who succeeded him.

In this connection, also, as deserving of especial notice, because of the adoption of his peculiar opinions by most of the British and American physicians, we might mention the justly celebrated Cullen, whose opinions and writings afford, in many respects, a striking contrast to those of his predecessors; unlike them, as being the result of hypothesis and speculation, but of patient, extensive, and laborious investigation; and his works, though containing much that subsequent discoveries in science have shown to be untenable, yet his writings produced a strong and lasting impression not only in Europe, but in our own country, and have contributed in an eminent degree to improve the science as well as the practice of the art.

During the colonial history of this country, when many of the most potent and useful articles of the materia medica were but partially exhibited, and their most active principles undiscovered, when the science of chemistry had not unfolded to us the mysteries of nature, and when there were no medical schools for the instruction of those who sought to engage in the practice of medicine, it is easy to perceive that a condition existed highly unfavorable to the progress of the science; yet, notwithstanding the difficulties and discouragements by which the colonial physicians were surrounded, they were, from the exigencies of the times, and the trying situations in which they were placed, taught to think and act with that boldness and originality so peculiarly the characteristic of the American people, and as a consequence, some new modes of practice of great value and importance were adopted, and successfully maintained.

As early as 1721, the most remarkable as well as the most exciting event which characterized the history of our colonial medicine, was introduced the practice of inoculation for the smallpox; and, while the British government was pardoning felons, that they might be subjected to the operation, to a Boston physician,* guided by the convictions of an enlightened judgment, belongs the honor of practising upon his own son an operation which ended in establishing the success of a practice which did so much to lessen the mortality of that formidable and loathsome disease.

At the close of the same century, the blessed gift of Jenner to humanity was borne to our hemisphere; and to Drs. Waterhouse, of Boston, and Coxe, of Philadelphia, we are indebted for their early, persistent, and successful efforts in introducing and establishing the success of an enterprise which led the way to its final adoption throughout the country.

Its importance was heightened from the fact that it was entirely without the knowledge of its having been performed, about the same period, for the first time in Europe, and its complete success led to its speedy introduction and diffusion throughout the American colonies, towards the end of the eighteenth century.

* Dr. Boylston.

In 1736, when the angina maligna prevailed to such an alarming extent throughout the American colonies, the use of calomel was introduced as an efficient remedy in the treatment of that formidable disease, and the great success attending its use, as early as 1750, led to its general employment throughout the country as a remedy in pleurisy, pneumonia, rheumatism, and other inflammatory diseases, which at that period so extensively prevailed. To this practice, originating with our colonial physicians, is the medical world indebted for one of the most valuable improvements in the practice of medicine.

In 1754 in Boston,* and in 1756 in Philadelphia,† appeared the first regular and systematic practitioners of midwifery, of whom we have any account, and they deserve especial notice for their efforts in surmounting the difficulties and prejudices which at that time existed to the employment of the male practitioner, as well as for their success in rescuing from the hands of ignorant and uneducated females the practice of a difficult and delicate art.

In reference to that acute and now well-known disease, the croup, our colonial physicians deserve especial mention for their early, prompt, and rigid investigations concerning its pathology and treatment. By them its true inflammatory character was successfully demonstrated, and, as the result of their investigations, a more rational, energetic, and successful treatment was adopted. Blood-letting *ad deliquium*, the free use of tartar emetic, and calomel, were all urgently recommended by them.

So too in regard to the yellow fever; the investigations of our colonial physicians stand unrivalled in point of their exactness and minuteness in the description of that terrible disease, as well as in the energy and success of their practice.

In botany, materia medica, practice, and the other departments of medicine, the investigations of our colonial physicians were no less interesting and important, leading as they did, not only to a more rational understanding of disease, a more correct knowledge of the operation of remedies, but to the promotion and advancement of the science.

* James Lloyd. † Wm. Shippen.

As rich contributors to the science of medicine during our colonial existence, the names of Mitchell, Lining, Rush, Douglass, Ogden, Redman, Gale, Thomas, Bard, Chalmers, Middleton, Bayley, Smith, Bull, Moultrie, Ramsey, Gardnen, Clayton, Tennent, Cadwalader, Bond, Morgan, Shippen, Lloyd, Colden, and others, deserve honorable mention.

It was toward the close of our colonial existence that the first step was taken toward the establishment of an institution, in which medicine was to be taught as a science, by Drs. Morgan and Shippen, natives of Philadelphia, between whom some conversation on the subject seems to have passed while prosecuting their studies in Europe; but to which of the two priority of conception belongs has not been determined. As early as 1762, Dr. Shippen commenced a course of lectures on anatomy, which he continued for three successive years; in the introductory to which, he demonstrated the practicability of teaching medicine in all its branches, in Philadelphia, though he abstained from any farther prosecution of the plan till joined by Dr. Morgan, on his return from Europe, the latter of whom had formed the project of engrafting a medical department on the College of Philadelphia, and had secured in its favor the opinions and recommendations of many powerful and influential friends residing in Great Britain. This plan, which was laid before the trustees on the 3d of May, 1765, appears to have been unanimously adopted, and Dr. Morgan was elected Professor of the Theory and Practice of Physic. On the 23d day of September, of the same year, Dr. Shippen was appointed Professor of Anatomy and Surgery. The other chairs were for a time unsupplied, until on the 1st of August, 1769, its organization was completed, according to its original design, by the appointment of Dr. Rush to the chair of Chemistry.

The institution, thus organized and established, went into active operation, and continued till the year 1775, when its lectures were suspended by the war of the Revolution.

New York, emulous of the example set her by Philadelphia, in 1768 also adopted measures for the establishment of a medical school; a full medical faculty was regularly organized under the superintendence of the trustees of King's College; the progress of which was also interrupted by the Revolution.

Such was the commencement of the medical institutions of the United States; though small in their beginning, by their unprecedented growth and success, they have done much, not only to improve directly the science of medicine, but, by exciting the spirit of emulation, have given birth to others of a similar character, the united efforts of which are shedding abroad throughout our land the light of science and of knowledge.

In 1775 commenced the war of the Revolution, that eventful period in our country's history, the result of which has given us that national government, and those State institutions under which (through the Providence of God) we have so highly flourished.

During this trying period, the members of the medical profession are seen occupying a no less distinguished and important position, than while engaged in the prosecution of their profession. Deeply imbued with the love of civil and religious liberty, as well as ardent in the cultivation of a liberal and enlightened profession, their energies were directed to the attainment of their country's independence, and bright upon the page of our country's history will stand emblazoned the names of Warren,* of Mercer, and of Rush.

Here, upon this spot, consecrated by the blood of our revolutionary sires, whose success in arms turned the tide of the Revolution, Jan. 1st, 1777, the gallant Hugh Mercer, a distinguished physician, fell in the defence of the liberties of his adopted country.

Benjamin Rush, a member of the Congress of 1776, one of the signers of the Declaration of Independence, affords a bright and prominent example, not only of devotion to science, but of ardent love for the cause of his country, as well as of the best interests of his fellow-men.

The independence of the country established, a new career was opened for the Science of Medicine. If, by the exertions

* Joseph Warren, a native of Massachusetts, a practitioner of medicine in Boston, upon that dreadful summer morning of June 17th, 1775, which poured out upon the flowery turf so much of the purest blood of New England, mingled with that of her oppressors, was slain in the defence of his country.

of the colonial physicians, the standard of medical education had been raised, and its principles better understood, how much more rapid and striking has been its progress since that period.

Up to this period almost all the physicians who had distinguished themselves, had received their education in Europe, under the instruction of able men, whose teachings had infused into their minds that love of knowledge, that desire to drink at the pure fountain of scientific truth, which subsequently led them not only to the establishment of medical institutions in this country, but to the more active cultivation and improvement of that science, the elements of which had been received abroad.

As has been observed, the progress of the institutions organized and established for the purpose of teaching the science, was interrupted and suspended by the progress of the Revolution, but with the establishment of peace was again resumed; and, with the modifications that they subsequently underwent, were more fully prepared to teach the science in all its various departments, and with a success that has done much, not only to establish the science of medicine in this country upon a firm and successful basis, but to promote and extend its prosperity and usefulness.

The minds of men, no longer regarding the false theories and absurd conceits of the ancients as authority, cast aside, as old and worn out garments, the theories of the solidists, humoralists, and chemists, never to be resumed again by those philosophers, whose principles in medicine had taught them to regard that only as valuable, which, on examination, was found to be based upon anatomical and physiological truth, the only rational foundation of medical science.

Indeed, the recognition and establishment of this principle may be regarded as the most striking indication of the progress which medicine, as a science, from this period was destined to make in this country; and while we would gratefully acknowledge the benefits it has received from the physicians of Europe, especially in the rich legacies bequeathed to us in the writings and teachings of Bichât and John Hunter, in anatomy and physiology, yet to the able and faithful members of the profession

in our own country do we owe much, in the solution and application of these principles, to the establishment of the great truths of medical science, a science which they labored so successfully to cultivate, improve, and extend.

The improvements medicine has undergone, in its various departments, since the Revolution, present an object of inquiry no less interesting and important than did those that preceded it, and which we have already considered. Among them we might mention the more philosophical manner in which its investigations are conducted; the discoveries and improvements which in consequence thereof have been made in the etiology, pathology, and diagnosis, as well as the more enlightened, rational, and successful modes of treatment which have resulted.

Notwithstanding the great progress that has been made in the arts and sciences generally, we may safely affirm that there is none in which our country has made greater progress than in that of medicine, and none in which she holds a more complete independence of the European world. If any doubt the truth of this assertion, let him carefully review the history of this country, especially of our art, and compare the present advanced state of our knowledge with the theories and opinions that prevailed in the early part of the eighteenth century, and he will doubt no longer; but, on the contrary, must acknowledge that the musty errors and deep-rooted prejudices of the European schools have here been abandoned, successfully refuted, and new principles proposed, ascertained, and completely established.

In proof of this numerous examples might be given. Time will not permit us to dwell more minutely upon this feature of the subject, and we proceed to notice briefly some of the evidences of the progress of the science since the Revolution, as well as the names of some of those who have contributed to its advancement.

In anatomy, the basis upon which rests all that is valuable of our knowledge of disease, we might mention many modifications and improvements which it has undergone, evincing not only a decided impulse beyond that of the preceding period, but a marked and triumphant progress; as evidence of which, we might mention that organs before unknown have been discovered, ar-

rangements of parts in obscurity now detected, textures of a character uncertain and disputable now settled and elucidated, textures formerly passed over as possessed of no descriptive features now described with accuracy and minuteness.

With the augmented means of research, the progress of the science has been immense, the most valuable contributions have been made; modes of elucidation by models, plates, drawings, and injections, greatly improved; and its progress greatly advanced by the labors and investigations of American physicians, among whom, as rich contributors to this department, we might mention the names of Wistar, Post, Horner, and others equally deserving of honorable mention.

In surgery, also, we might mention many facts illustrative of its progress, and in connection therewith the names of Physick, Warren, Dorsey, Mott, Gibson, Mussey, Randolph, and others, appear as its most assiduous cultivators, and have done much by their labors to elucidate and establish not only the principles but the practice of the art.

To Physick, the most eminent surgeon and physician this country has ever seen, the venerated pupil of the justly renowned Hunter, are we indebted for many great and valuable improvements; among which we might mention many in the treatment of wounds and fractures, "a more perfect gorget for lithotomy, the stomach pump for toxicological and other purposes, the excision of the tonsils, a more philosophical plan in the treatment of ulcers, the discovery and division of the pouches at the verge of the anus, for the cure of a troublesome and painful disease, the proposal and execution of a new and ingenious operation for the cure of pseudo-arthrosis," as well as the improvement of many surgical instruments and apparatus.

Operative surgery was also improved and greatly perfected; the process of curing deformities by sections of the tendons came into general use, and strabismus, club-foot, and many other deformities were successfully cured by this mode of treatment.

Mott took up the innominata as well as carotids and iliacs; Gibson performed twice successfully, to both mother and child, the Cæsarean operation, an operation but once previously successfully performed in Great Britain; Randolph practised with

great success the operations of lithotripsy; McClellan extirpated the parotid gland; not to mention others, who have contributed greatly by their efforts to improve this department of the science.

In botany, and the indigenous materia medica, the evidences of progress and improvement are no less striking than in the departments just noticed, and the interest excited in these departments by its most distinguished cultivators, greatly enriched the materia medica by contributions from the flora of this continent, and caused many indigenous plants, before unknown or unnoticed, to assume their proper place in pharmacopœias.

In chemistry, also, many important discoveries were made, and the mode of teaching greatly improved. Among the improvements in this department may be mentioned the discovery or improvement, by Dr. Hare, of the hydro-oxygen blow-pipe, by means of which he was enabled not only to fuse several of the pure earths which had previously been deemed infusible, but to fuse and volatilize even platinum; not to mention the names of Waterhouse, Silliman, and other distinguished cultivators of the science.

In obstetrics, a department of the science which, until about the middle of the last century, was entirely in the hands of ignorant and uneducated females, have great and important improvements been made; and to Dewees are we indebted for a more rational and improved system of the fœtal presentations and positions; a more scientific mode of instruction; a proper and more correct knowledge of the application and operation of the forceps and use of the ergot, as well as for his more complete and useful works on the diseases of women and children.

Here, too, have percussion and auscultation been taught with great certainty and success; and the field thus opened has been cultivated by those who have entered it, with an energy that has yielded a rich and abundant harvest in the pathology, diagnosis, prognosis, and cure of cardiac and thoracic diseases; and, as some of its most successful cultivators, we might mention the names of Morton, Jackson, Gerard, and others.

Pathological investigations have also been extensively prose-

cuted in this country, and have added largely to our stock of knowledge.

In this country, too, honored as it is by the names of those worthy of its greatness, have the great doctrines of the movement of disease received a large and liberal share of attention; and to no one more than the immortal Rush, are we indebted for that spirit of enlightened inquiry, those extensive and accurate views of the nature, causes, and treatment of disease, that give so great a value and interest to his writings, and whose life affords an illustrious example of devotion to science, extensive erudition, and love for original observation, which so eminently qualified him not only to fill, but adorn, any department of medicine in which his services were required. As coadjutors in this great work, the names of Miller, Bard, Hosack, Chapman, Eberle, Dunglison, Wood, and others, deserve honorable mention.

It would be interesting to pursue the subject further, but we must content ourselves by noticing, in conclusion, the discovery of the great anæsthetic agents, ether and chloroform, and their application to the relief of human suffering, as marking one of the greatest discoveries the medical world has ever made—and which will of itself render the name of America familiar throughout the civilized world—"through the agency of which, how many human creatures are cheated of pangs, which seemed inevitable as the common doom of mortality, and lulled by the strange magic of the enchanted goblet, held for a few moments to their lips, into a repose which has something of ecstasy in its dreamy slumbers. The knife is searching for disease, the pullies are dragging back dislocated limbs, Nature herself is working out the primal curse, which doomed the tenderest of her creatures to the sharpest of her trials—but the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever."

Such are some of the evidences of the progress which medicine as a science has made in our country, and I might add many more; but I trust sufficient has been said to show that the votaries of medicine in this country have not been idle or weary in the pursuit of knowledge in the healing art, and that great and

unparalleled success has crowned the efforts of those of our countrymen, who have devoted themselves, their energies, and their lives, to the great cause of humanity.

Within a recent period, the medical men of this country, (not content with the progress already made,) in order to overcome, by a combination of effort, difficulties insurmountable to individual enterprise, have organized themselves into one great league, the most extensive ever formed in any profession, with one heart and one mind, aided by the principle of associated action, to advance the interests of that great and good cause in which we are engaged; this may be hailed as an auspicious omen. Whereas ambition, pride, and avarice, have hitherto controlled most successfully the power of this principle, the claims of humanity, through the agency of this and other benevolent institutions, now command the manifestations of its power, not only in ameliorating the ills of human suffering, but in promoting the cause of science, and the health, prosperity, and happiness of the people.

In conclusion, I would remark, that when we take a retrospective view of the history of our country, associating its vast extent and varied resources with the enterprising character of its inhabitants, we cannot resist the conclusion, that the science of medicine, notwithstanding its present improved condition, is destined to make still greater advances in this country; and the period has even now arrived, when we have not only returned to the professional savans of the old world an equivalent for all we have received from them, but when we in our turn have taken the lead in the progressive march of medical science.

The principle of progress, the same that animated our forefathers in their emigration to, and settlement of this western wild; the spirit that sustained them in their heroic resistance to the tyranny and usurpations of Great Britain, and that triumphed in the erection of a temple to republican liberty, affording an asylum to the oppressed, the admiration of mankind, are but indications of the progress of this principle in the field of civil government. Its triumphs in the arts and sciences have been, if possible, still more brilliant. In all those arts which promote material well being, we are unsurpassed. As to the use of steam,

as applied by Fitch and Fulton, a myriad of miles of railroad are traversed by the locomotive; our sailing vessels are unrivalled, and their canvas whiten every sea—we have as many steamers as all the world beside.

The war steamer and the graceful ship, directed by the compass, walk the water like things of life; and the mariner, confiding *in the principles of science*, feels himself secure under its protecting care. Fearlessly he braves appalling danger. From a confidence in the resources and the power science confers on him, he contends with the warring elements, and triumphs over the storm, and battling waves.

The records of our Patent Office present a list of inventions without a parallel. In the material and industrial departments, we are unsurpassed in the annals of nations. The electric telegraph has annihilated time and space, and brought the remote sections of our country, through its instrumentality, together.

Natural history has called around her all the varieties of objects in the animal and vegetable kingdoms, and given them their names and classifications.

Chemistry has fathomed the mysteries of nature, and taught us the elements of matter, their properties and laws of combination.

Astronomy—once a mystic art—has become a grand and demonstrative science, spreading out before us a chart of the heavens, teaching us familiarly a knowledge of the stars, the motion, relation, and laws of the great bodies of the universe.

In what may be deemed the higher arts, the evidences of the progress are equally striking, and as beautifully exhibited.

But why dwell upon illustrations? Why attempt to recount the evidences of the march of mind? The progress of improvement, as the crowding figures of a dazzling panorama, charm while they defy enumeration. It is enough to say they constitute the distinction of the present age, and the hopeful pledge of a progressive future.

Who of us believes that medicine, in any of its departments, will prove an exception to the rule which we have seen to prevail in other arts, whether mechanical or intellectual? No; it is not, cannot be—for on every side we behold the cheering emblems of

its future progress; nothing cannot arrest its onward march. Its motto is "Excelsior." Higher and higher up the steep ascent of science, is heard the voice of the ambitious and aspiring medical philosopher, until the very vault of heaven itself echoes and re-echoes the small but never-ceasing voices, Excelsior! Excelsior!

REPORT OF THE STANDING COMMITTEE.

THE Standing Committee, in presenting their Report to the New Jersey Medical Society, have to request the indulgence of the members, for what may be considered its uninteresting character. This, however, may be somewhat accounted for, from the entire exemption, your Committee presume (in many of the counties of New Jersey, from which no reports have been received), the inhabitants have enjoyed from any of the severe epidemics which from time to time afflict the human race. While, therefore, they may congratulate the community, in many parts of the State, upon the enjoyment of good general health during the past year, they would not forget the recent great mortality which has taken place among the aged and infirm, who are ill able to bear the rapid changes and extreme cold we have experienced during the present winter, even to the present time; and although the means of ascertaining with certainty what has been the actual rate of mortality in each county of the State is unavailable, yet it is gratifying to observe, by the census returns of 1850, that the ratio of deaths to the whole population, the former numbering 6,467, the latter 489,333, is as 1 in 75⅔, or 1.32 per centum. This shows a high standard of health, which we hope to see even augmented, as science advances, and the health of the community and individual life become more and more the subject of legislative protection and professional care.

Your Committee have great pleasure in stating that they observe with satisfaction a greater degree of energy in the members of the District Societies; which has not only the effect of drawing together the brethren of the profession, but of allowing that interchange of thought and mind which has ever been attended with the very best effect in dissipating professional

jealousies, and promoting harmony among those having the common good at heart. Nor is the time at these meetings trifled with or idly spent, but subjects are introduced and cases detailed, which give a character and an interest, not only to the members present, but tends to show a zeal and an anxiety to further medical science and promote the good of the community in which they reside.

Your Committee, while they believe that there are many persons practising medicine in the State who have not been licensed, and who may be even without a diploma from any recognized medical school, at the same time beg leave to state, that no case of irregularity, or neglect, or contempt of the laws of this Society have been brought to their notice.

Reports have been received from seven counties, from which your Committee have made such extracts, and offered such observations, as may bring the subject matter of each before the Society, referring to the several reports for detail, should the Society resolve that they shall be published.

From *Cumberland County*, we have an interesting report from Dr. J. Barron Potter [see *Report* marked A], of the affection commonly called "mumps," (*Parotitis* of Good—*Cynanche Parotidæa* of Cullen,) as it appeared in an epidemic form in that county, of rather unusual severity, from which we extract the following summary: "From these reports, we see that nearly all ages suffered in this epidemic, from the infant of 6 months to the old man of 70 years, including three children at the breast, two of these under one year old. One case of metastasis to the breast, two others affected with soreness of that gland. One case of suppuration of the parotid. Several cases of metastasis to the brain and bowels. Eighty-six cases of metastasis to the testis; two of these resulting in atrophy of that organ."

This disease was made the subject of attention by the Standing Committee of last year; we shall, however, offer a few observations further. In alluding to the affection of the testicle, which is generally designated "metastasis to the testis," in the report, the Reporter very properly remarks, "all cases of metastasis to the testis with which we are acquainted, were looked upon more in the light of succession than of transference."

Cullen looks upon it as a concomitant of the disease; he states, "as the swelling of the fauces recedes, some tumor affects the testicles in the male sex, or the breasts of the female. These tumors are sometimes large, hard, and somewhat painful;" and adds, "the pyrexia attending this disease is commonly slight, and recedes with the swelling of the fauces; but sometimes, when the swelling of the testicles does not succeed to that of the fauces, or when the one or the other is suddenly repressed, the pyrexia becomes more considerable, is often attended with delirium, and has sometimes proved fatal." *Good*, on the other hand, regards it as sympathetic; he states: "The sympathetic action of the testes and the mammæ is most conspicuous towards the decline of the inflammation. And in many instances it is by no means an unfavorable sign; for it has been occasionally found that, where the sympathy has not been manifested, or the glandular swelling has been suddenly repelled, the symptomatic fever has been greatly exacerbated, delirium has ensued, and even death has closed the scene." We must look therefore in the adult for this affection of the testicle—even with the unfavorable termination of atrophy of that organ, a result which sometimes will happen.

It is satisfactory to observe that the treatment even of the aggravated cases was successful; there having been only one fatal case, and that where the treatment could not be vouched for.

From *Gloucester County*, the reporter, Dr. J. F. Garrison [see *Report* marked B], alludes to the healthiness of his district, having escaped a visit from any epidemic during the last year, and even the ordinary endemic diseases having presented no peculiarity of course or character; and refers to the fact of the unusual healthiness of a community after cholera—an observation made not only now, but after the former prevalence of that disease, and not only on this continent but elsewhere, as noted in our journals. Dr. Garrison then offers some interesting remarks on the limited knowledge possessed of the causes and nature of epidemics, but feels convinced "that there are constantly at work agencies so subtle as to be inscrutable by any of our present means of observation, and so powerful as to modify the character of diseases over vast tracts of country, in

locations the most different in physical condition, and dissimilar in their meteorological phenomena;" causing the greatest changes in the character and type of the disease, and requiring the practising physician "to study well the epidemic constitution of the season." This state of atmospheric influence, as we may call it, the reporter illustrates by a record of "the extensive prevalence of a disposition to purulent deposits in the external tissues of the body," showing itself in the shape of whitlow, boils, and abscesses—from those on the eyelids, containing merely a few drops, to immense sacs, in the muscles of the thigh and on the parietes of the abdomen, filled with several ounces of matter. A similar affection has been noted in other parts of the States and in England, and has obtained from a writer the appellation of "the furunculoid epidemic."

The reporter then alludes to diarrhœa and dysentery as seeming to have taken the place of cholera infantum, of which there have been very few cases since the cholera epidemic; he adds, that the cases of the latter, which before made a very important item in our bills of mortality, have been few and easily manageable, while dysentery "has been both more frequent and more fatal."

In intermittents of the simplest form, *i. e.* ague without febrile or inflammatory complication, Dr. G. finds the combination of cinchona bark, in powder, and black pepper, equally efficient, and not more than one-half as expensive as quinine.

The remaining portion of Dr. Garrison's report is on the subject of foreign bodies lodging in the air-passages, and gives two cases in detail.

From *Mercer County*, the reporter, Dr. W. W. L. Phillips [see *Report* marked C.], offers some observations on measles and dysentery, both diseases having prevailed to some extent in this county during the spring and summer months of last year. He particularly alludes to the former disease (measles), which appeared in many cases of a malignant character. "The symptoms," says the reporter, "in some of the cases, assumed ataxic or adynamic characters, which gave to them the features of the typhoid type of disease. In some cases, these symptoms made their appearance in an early stage of the disease, but in others

they did not appear until the eruptive stage was reached. These cases were marked by frequency and feebleness of pulse, by prostration, by unusual dyspnœa and oppression, and particularly by greater violence of the nervous symptoms, as delirium, stupor, &c. The eruption made its appearance slowly, and came out imperfectly or irregularly, and frequently assumed a livid or purplish color."

This variety of measles, as described by the reporter, assimilates to the *Rubeola nigra*, or black measles of Good, who says: "It is chiefly found in persons of debilitated and lax fibres; and the dark patches will sometimes remain for ten or twelve days after the commencement of the eruption, with no other symptoms of fever than a quicker pulse, and an increased degree of languor."*

The treatment adopted, says the reporter, were stimulants and tonics, as wine, brandy, ammonia, &c., and, in the cases having severe nervous symptoms, camphor and opium were found useful.†

Dr. Phillips observes that dysentery prevailed very considerably during the summer, and was marked, in many cases, by the absence of tenesmus.

This disease was commented on by Dr. John H. Phillips, at the meeting of the County Society, held in October last, as it appeared in the district of the county in which he resides; an abstract of which appeared in the December number of the *Reporter*. Your Committee would also allude to a paper on the same disease by Dr. Parrish, inserted in the same *Journal* for September last, as it appeared in Burlington; to both of which reference will be made hereafter.

The remaining portion of Dr. W. W. L. Phillips's report details a case of scirrhous disease of the liver, which came under his observation. On a *post-mortem* examination, the reporter states, "the liver was found to be almost one mass of scirrhous disease. The right lobe in particular was very much enlarged, and pressed

* We regret to learn that this variety of measles is now prevalent at New Brunswick, in this State.

† In this variety, "Good" recommends an infusion of cinchona bark with diluted sulphuric acid.

upwards against the diaphragm, so as seriously to interfere with that muscle in respiration."

Although the enlarged state of the liver, as detailed in this case, could be detected upon external examination, yet it not unfrequently happens that the enlargement cannot so be detected, but takes place by increasing the convexity, pressing the diaphragm upwards, and consequently impeding the due inflation of the lung, giving rise to all the symptoms of disease of the latter organ; a circumstance which should be borne in mind in aiding the practising physician to form a correct diagnosis in the case.

From *Hunterdon County*, the reporter, Dr. Rex [see *Report* marked D], commences with an interesting account of epidemic dysentery of a typhoid character, "which commenced (he states) about the first of August, and terminated sometime in November." The disease was characterized by the absence of inflammatory action, less tenderness of the abdomen, and more tympanitis than is usually present; the pulse was often feeble, and in many cases there was a disposition to sink from the commencement; frequent evacuations, consisting of mucus mixed with blood, and in many cases they were nearly all blood; *tormina* and *tenesmus* were seldom or ever absent, and the tongue was usually coated with a light brown fur, which soon became dry, cracked, and brown; the reporter adds, "if the disease was not checked, very frequently, the patient would die in three or four days from exhaustion." These characters are corroborated in a very full and graphic description of the disease from the pen of Dr. Wm. Johnson of the same county, who resides in one of the districts infected, and had ample opportunity of watching and treating the disease.

It will be observed that the type of the disease was very different in *Hunterdon*, to what it assumed in *Mercer*, according to the report from that county, and the communication of Dr. John H. Phillips, already referred to, where the disease was characterized by the *absence*, in a great measure, of *tenesmus*, and the mild and modified type it assumed.

The treatment observed in Hunterdon, detailed by the reporter, consisted, in the first stage of the disease, of a mild

alterative course, unless where contraindicated, succeeded by medicine to allay irritation and support the strength; and it will be observed in this interesting report, that both Dr. Rex and Dr. Johnson emphatically state, "whenever a slight mercurial impression was made, the patient generally recovered."

With regard to the cause of the disease, the reporter remarks: "There is one circumstance in connection with this epidemic to which I would call the attention of the Committee and through them the profession, and that is, how far the protracted dry weather may have been instrumental in producing the disease." It appears that the months of April and May were unusually wet; during the succeeding months of June, July, and August, there was very little rain; in the following months it was very dry, and "water more scarce than had been known for thirty years previous." The disease commenced early in August, and "about the 20th October there was a general rain; soon after, the disease began to subside, and disappeared about the middle of November. During this period," adds the reporter, "there have been more deaths, in proportion to the number of cases, than has ever before been known in the county of Hunterdon."

In Dr. Parrish's paper, in the September number of the *Reporter*, on dysentery, as it occurred in *Burlington* county during the months of July and August of 1850, he states: "The disease appeared coincident with an overflow of the meadows in the vicinity of the town, occasioned by a breach in the banks which protect them from the river. In consequence of the extent and continuance of the freshet, the land in the immediate neighborhood remained under water for seven or eight days; and, after its subsidence, a succession of very hot days occurring, the exhalations arising from decayed animal and vegetable matter were extremely offensive, and no doubt contributed to aggravate the disease, which already prevailed to a considerable extent."

It will be observed that the disease in *Burlington County*, was coincident with the overflow of the meadows, and before any miasma could have arisen from the subsequent exposure; we are, therefore, led to infer that the system was in a state peculiarly susceptible, from the state of the atmosphere before the rain.

Your Committee are not sufficiently well acquainted with the

topography of *Hunterdon County*, to offer an opinion as to which of the many causes assigned for the production of dysentery of a typhoid type may have tended to excite or influence its appearance; but they would respectfully allude to the long drought and excessive dry weather: 1st, as causing miasma to arise from any stagnant pool or marshy land, or the banks of streams usually covered with running water; 2d, tending to deteriorate the water used for drinking; 3d, the great care necessary in removing and carefully putting away the evacuations of the first patients; and 4th, the constant action of a dry atmosphere on the surface of the body, causing an undue evaporation of the serous fluid, a greater density of the circulating medium, and consequent turgescence of the vessels and congestion of the internal organs, all tending to influence the system to the disease.

Dr. Johnson also points out a circumstance which he considers worthy of record. He says: "I allude to the very frequent occurrence of rheumatism as one of its sequelæ. These cases, as far as I know them, occurred in persons who had not been subjected in any degree to mercurial treatment."

On this head, *Copland*, Art. Dysentery, observes: "The association of rheumatic symptoms with dysentery has been so frequently observed, that many authors have contended for the rheumatic nature of the disease. The connection of rheumatism with dysentery occurs in one or other of the following ways: 1. Rheumatism may be prevalent either before, or at the same time as, or subsequently, to dysentery; 2. It may also precede, accompany, or follow the bowel disease in the same person," &c.

Dr. Johnson then briefly alludes to a case of concussion of the brain, in which reaction did not take place for twenty or twenty-five hours after the accident, when venesection was employed; and states: "I mention this case, merely to show the importance of resisting the importunities of friends to use the lancet too early, before reaction takes place; and to show the astonishing recuperative powers of the system." In the practice of midwifery, three cases had occurred requiring instrumental aid. Two of them were forceps cases, and one of evisceration in a shoulder-presentation, where the waters were drained off so long as to render turning impossible. The children in the former

cases, and all the mothers, did well. Dr. J. adds: "This is the only case of the kind I have ever witnessed in a practice of forty years;" no difficulty having ever been found before in turning the child.

Dr. Rex, in concluding his interesting report, alludes to the fact that quackery continues to exist, and that "Hunterdon is not exempt from its baleful influence;" while on the other hand, the Reporter adds, that "the District Society for the county is in a flourishing condition; the meetings are well attended, the interest increases, and members are added at each session."

From *Passaic County*, Dr. Alex. W. Rogers, of Patterson, reports [see Report marked E], that in the spring of 1851 scarlet fever was prevalent, generally mild in character, "although a few malignant cases occurred, with gangrene of the throat, &c.; but in almost every case," continues the reporter, "about a fortnight after the eruption began to fade, there suddenly set in that affection of the kidneys characterized by a greatly diminished secretion of urine, amounting almost to suppression, and attended with that marked change in the color of the urine, which is, I believe, peculiar to this disease. I have seen cases where it was as dark as ink, and where I could not satisfy myself that it was really urine, until I had made the strictest inquiry." Dr. Rogers had had little trouble in managing the consecutive suppression of urine, and anasarca, in former epidemics of scarlatina, and invariably succeeded with a compound of squills, super-tartrate of potass, and sulphate of potass; "but in this epidemic," he adds, "this, as well as all other forms of diuretics, not only often failed, but seemed to aggravate the symptoms, causing frequent, painful, and ineffectual efforts to pass urine." After some experience, Dr. R. found the application of leeches over the region of the kidneys, followed by warm poultices and blisters, if required, the best practice; "to give in the early stage calomel, and, when the disease became more asthenic, to administer squills and the more stimulating diuretics. A number of cases of hydrothorax were accompanied with symptoms of pleurisy, and were benefited by blistering; some terminated in disease of the lungs, the little patient pining away with cough and hectic

fever. The most of these were children from two to five years of age."

A healthy period succeeded this epidemic; and as the summer came on cases of mild intermittent occurred, followed, as the season advanced, with remittent fever, and some cases of continued fever, which scarcely exhibited any tendency to intermission. "Pure remittent," says the reporter, "seemed to do best under an expectant plan of treatment, watching, however, against local congestion or inflammatory complication, of which the lungs were the most frequent seat." Venesection gave the speediest relief, followed by blisters or poultices.

Since the winter set in, inflammatory affections have prevailed, which, if not treated with venesection in the first instance, became lingering and protracted. On this head, Dr. Rogers offers some judicious remarks on the influence the various popular new notions, such as Homœopathy and Hydropathy, sometimes may have, in restraining the physician "from the free and full discharge of his duty—that decisive conduct, which is needed to check disease of an inflammatory nature;" and states that, "during the past year, a number of pulmonary cases have come to my knowledge where the cold-water treatment, in the early stage, appeared to serve the purpose of fixing and confirming the disease."

Dr. Rogers closes his report with the detail of two obstetric cases. The first, where, adherence continuing while gentle traction was exercised, the fundus uteri became inverted, but was quickly and easily returned to its position. Dr. R. adds: "This case makes me believe that inversion may sometimes take place by the action of the uterus itself, without any undue force being used in the delivery of the placenta. Certain it is, I employed nothing more than the most gentle traction. I am not unaware that a flaccid and inactive condition of the uterus favors an inversion, and, under such circumstances, comparatively slight force may induce it, but I do not think this was the cause here."

The second case was complicated, "the head presenting, and with it a foot, well in advance of the head." Attempts were made to turn, but without success—and the foot having been found in a short time after to recede, nature was allowed a time

to operate, and after another hour the child was delivered. Dr. R. adds: "It is noticeable that the strong traction on the leg appeared to bring the head down, and fix it in the superior strait, so that the pains afterwards had a different effect, propelling the head in the axis of the outlet, instead of pressing it against the brim of the pelvis, as at first. The delivery was effected in a way different from what we expected, and may prove instructive to others."

From *Essex County*. In the absence of a special report from this county, Dr. Coles has kindly furnished a summary of the diseases which have prevailed in Newark and its vicinity; to which Dr. Dougherty has added some interesting cases which occurred in his practice. [See *Report* marked F.]

Dr. Coles states: "In the spring, we had more or less scarlet fever, but it was not very general, nor yet very mortal; while most cases were mild and required little medication, there were some, occuring oftentimes in the same family, very malignant, that defied all remedies. So far as my observation went, the sequelæ so commonly incident to this disease, rarely happened in that particular epidemic. Intermittent and remittent fevers prevailed at the same period, extending likewise through the summer and autumn; indeed, we may say through the winter, up to the present time. It is a little remarkable that, during the prevalence of the severe cold of the present winter, we have had in our midst an unusual amount of fever, characterized by distinct remissions, and even intermissions, followed by recurring chills. It would not be safe, however, to affirm, that all cases belonged to the remittent variety; some bore the characters of other classes, as the common continued, and perhaps typhus. Indeed, in a majority of cases, a tendency existed for the disease to take on a typhoid form, and become complicated, with local congestion or inflammation of the brain, bowels, or lungs. Hemorrhage from the bowels has been of very frequent occurrence, both in earlier and later stages of the disease, which sometimes seemed critical and beneficial, at least not injurious; but more often otherwise, even to the extent of being exhausting and fatal. The proportion of deaths has not, I think, been large; but it must be admitted that the cases of fever have been more

numerous here this year than usual, although one form of it, styled ship fever, that occurs mostly among emigrants, has been comparatively rare during the past season. At the same time, I would notice the fact that there have been an unusual number of anomalous cases, marked by nervous symptoms, obscure and singular; in one instance, perfect catalepsy for several hours, followed by tonic spasms; and several times it has occurred that death resulted when there was nothing a short time before to betoken it.

"Through the latter part of summer, including the autumn months, there has been considerable dysentery, under rather a mild form, for the most part, but with some severe cases, nevertheless. While some yielded to anodynes, others seemed to require, or, at least, were evidently benefited by, the use of the lancet, calomel, and opium, anodyne injections, and mild laxatives. Anodynes seemed certainly to do something more than temporarily to relieve pain; they exercised, or appeared to exercise, a marked influence over the fever and inflammation. Perhaps there may have been something peculiar in the character of the epidemic, to which their singular efficacy is to be ascribed."

Dr. Coles concludes his summary by alluding to two cases of strangulated hernia, for which he had operated under very unfavorable circumstances; one of which recovered, the other progressed well for three weeks, so as to be thought really cured. Some imprudence, however, on the part of the patient, brought on a violent colic, attended with obstinate constipation, and the patient died three or four days afterwards. No *post-mortem* examination was allowed.

In the Report of the Standing Committee, presented in May 1850, mention was made of three cases of rupture of the uterus, resulting in death, which had occurred in Newark and its neighborhood. Singularly enough, another case has occurred within a hundred yards of one of the cases before referred to. In these four cases, in *one only* had ergot been given.

Dr. Dougherty reports, 1. A case of scarlet fever in a patient of a hemorrhagic diathesis, who "had from the first high fever, delirium, abundant eruption and ulceration of the throat, which

soon became gangrenous. This continued till the 14th (from the 6th of March), when was superadded a hemorrhage, in the beginning scanty, and from the nostrils, but soon in large quantity, and from every part of the body—from the throat, the lungs, the stomach, the intestines, the uterus, and even those parts of the skin to which blisters and mustard plasters had been applied; this continued without cessation till the 18th, when she died."

2. An interesting case of a fungus growth from the left breast "about the size of a small orange." This growth had arisen during lactation, from a small hard tumor in the breast before confinement, and had been pronounced "cancer" by the "Cancer Doctor," and that of the most malignant character. But under gentle treatment, and the child being weaned, "the fungus began to wither, and in a couple of months from the commencement of the treatment was entirely gone, and replaced by sound skin."

A reproduction of this growth occurred after a subsequent confinement, but was finally entirely reduced.

In commenting on this case, Dr. D. offers some very pertinent and stringent remarks upon the class of quacks styled "Cancer Doctors," and recommends that their ignorance and knavery shall in every case be exposed.

3d. An obstetric case, with convulsions before and after delivery, with excessive shivering on the evening of that day.

Your Committee regret that the limits of this Report will not allow them to enter more fully into the subject-matter of these very interesting reports, which they have much pleasure in laying before and recommending to the society.

A report or memorial has been submitted to your Committee, from the Editor and Publisher of the *New Jersey Medical Reporter*, setting forth the financial affairs and present state of that Journal; its indebtedness to the publisher; its intended enlargement and improvement; and the absolute necessity for an increased interest, by the profession in New Jersey, in furnishing, not only *means*, but *material* for the work, without which it never will be permanently established.

Your Committee are not aware that they can do more than to

recommend a continuance of that energy and perseverance which has been already felt, in an increase of subscribers and extended circulation of the work; and that it is only on great care in the selection of articles for its pages, not only original, but those from other journals, which shall convey instruction and improvement, that the reputation and stability of the work will depend.

Your Committee beg leave to refer the Report to the favorable consideration of the Society, for any action which may be taken upon it.

This being the first meeting under the "Supplement" to the former Act, authorizing the Society to meet in this city, your Committee feel encouraged to congratulate the members on what may be looked upon, or considered, as the commencement of a new era in its history; inasmuch as there have been introduced subjects of much importance, which must of necessity not only occupy attention, but the establishment of which, if decided on, must tend to enhance the character of the Society, and consequently that of the profession in New Jersey. Your Committee particularly allude to the investigations proposed at the last meeting of the Society, and for which committees have been appointed; the *founding and instituting* a benevolent fund, from which the widows and orphans of poor deceased physicians shall obtain relief and pecuniary assistance; and the formation and establishment of a Medical Library, for reference and research; an institution which ought to exist in connection with the State Society, and likely to be attended with peculiar advantage.

The health and lives of the community in which we live, must always be of paramount importance to the members of the medical profession; and whatever shall tend to preserve the one and lengthen the other, necessarily demands their attention. Your Committee cannot but regret that any portion of the people, although they believe that portion to be very small, should have wished, or attempted to admit or allow those who are ignorant and uneducated to practise physic and surgery, to the manifest injury and hazard of the lives of their fellow-citizens; and this, too, when incidents and accidents in neighboring cities have of late occurred so frequently, either through carelessness or ignorance, in prescribing or compounding the prescription given

circumstances which can be obviated only, by raising the qualifications for the student of medicine, and those who shall take upon themselves the compounding of prescriptions, and requiring of all a satisfactory proof of a thorough education.

Your Committee feel confident that, while a proper liberality has been extended to graduates, and those holding diplomas from medical schools of established reputation, the supplement to the Act, passed at the last sitting of the Legislature, has, so far, protected the citizens of New Jersey from being overrun by irregular and ignorant persons, pretending to a knowledge of the healing art; yet if, from any cause, disrepute has fallen upon the profession, it now becomes the duty of the Society, by the combined efforts of its members, to enhance the professional character, and raise it to such an eminence as to regain the public confidence; and show that the knowledge of disease is not to be gained by clairvoyance, or the reading of the stars, nor the treatment to depend on, or be determined by the whirling of a teetotum; but that this is the result of, and only to be attained by, arduous study, attending the lecture-room, and unwearied and patient investigation at the bedside of those laboring under disease.

And while they are aware that no law, however stringent, can put down quackery, or prevent the *suicidal* from dosing themselves with deleterious compounds in the shape of patent medicines, your Committee firmly believe that the onward progress of education, and the enlightenment of the people, will do more to enable them to judge of the ability and merits of the thoroughly educated and scientific physician, in whom they can place their entire confidence, and not only entrust their own lives, but those of their nearest and dearest relatives. It remains, then, with the medical faculty of New Jersey, in the language of your former Committee, to "use more zealous efforts upon our part, for our mutual improvement;" and, we may add, take that stand in the onward progress, which in the present day marks out the course of every intellectual and scientific body.

JAMES PAUL, *Chairman.*
J. B. MUNN,
ABRAHAM COLES.

TRENTON, N. J., *January* 27, 1852.

A.

ANNUAL MEDICAL REPORT FROM CUMBERLAND COUNTY, 1851.

DURING the past year, we have had the ordinary routine of diseases. In winter, affections of the mucous membranes of the air-passages; in summer, of the bowels. We have had much less of diarrhœa and dysentery among adults, than during the two or three previous seasons. Children have almost entirely escaped their epidemic foes, scarlet fever and measles.

But there has been among us one disease which, this year, arose from its usual insignificance and assumed a magnitude and gravity, we believe never before known in this county—we allude to mumps. And upon this epidemic we purpose to make this Report principally turn.

It had its origin among the blacks; hence the vulgar name given it was "black" or "nigger mumps," and this was supposed to account for its unwonted severity. It was not uncommon to hear persons say they "knew the mumps was different this year," therefore they sent for a physician.

The seat of its most extensive operations was Gould-town, a straggling hamlet of mulattoes, numbering about 350 persons, three miles from Bridgeton, the county town. It reminded us strongly of this disease at Geneva and Montpellier, in the years 1848 and 1849, as noticed by MM. Rilliet and Ressiguier.

There had been sporadic cases of mumps among the blacks in another part of the county for nearly a year; and in January, 1851, during a series of religious meetings, it was introduced thoroughly into the settlement, pervading every family.

Out of this population of 350, there were known to have been 210 cases. It generally swept a family, beginning with the parents, if they were never before placed under its specific influence.

In one family there were twelve cases.

Two families had nine cases each.

Three families had eight cases each.

In one family there were four cases, whose ages ranged from one year to thirty-five.

In another, six cases, from eighteen months to forty-five years.

In one family there was a case of an infant nine months old.

In another, an infant of six months. This latter was at the breast, and had not teethed. Two weeks before, the mother had the mumps. This infant and two other children were all attacked the same morning. The infant, much the worse, could scarcely swallow for two or three days. The parotids were swollen, the mother said, to the size of hen's eggs.

In another family, three of its members were attacked, whose ages ranged from twenty years to seventy.

There were known to be more than fourteen cases over thirty years of age, and of these, three were between forty and fifty, and three between fifty and seventy.

In one family of eight cases, whose ages ranged from five to forty years, most were attacked, during the prevalence of the disease, with ophthalmia; but we did not hear of this being usual.

There was not a single instance of mortality, nor was there any thing remarkable in *most* of these cases. But few, comparatively, were seen by a physician. Ordinarily the time of increase was from three or four to six days; disappearance in three or four more. The swelling was generally on both sides, one succeeding the other.

There was one case of metastasis to the brain. A boy of fourteen years of age had his jaws but slightly swollen, and exposed himself. The tumefaction of the gland subsided, and insensibility from coma followed for twenty-four hours. Tongue black, teeth covered with sordes, pulse feeble and quick. After the worst symptoms were over, he rallied very slowly. We believe in this case the parotitis had not yet reached its height. The swelling was never induced to return to the gland.

In January, seven cases of metastasis to the testicle were known to occur. The two eldest were aged thirty and forty-three, and married; the remainder unmarried, and the youngest

aged eighteen. There was great fever in most of these cases, with very severe pain. In one case, a delicate man of forty-three, after having each parotid in succession involved, it passed in like manner to each testis. This patient suffered until June from pains in the thighs and legs.

There was one case of metastasis to the breast, on the same side with the last parotid affected, the left. This patient still suckled her infant. The breast was very hard, and tender to the touch, with some swelling, which, by the application of flannel and camphorated liniment, soon subsided. In another case, a young female, there was metastasis to the bowels.

MUMPS, AS THEY APPEARED IN THE COUNTY GENERALLY.

At the April meeting of the Cumberland County Medical Society, eight physicians reported as follows:—

Metastasis to the testis, about seventy-nine cases; atrophy of testis, two cases: one between fifteen and twenty years of age, one testis affected, the other thirty-five. The latter had each testis swollen in succession after the parotitis, accompanied by severe remittent fever and nervous symptoms.

Two females were affected with soreness of the breast, one of them with pain also in the region of the uterus.

There were several cases of metastasis to the brain and bowels.

One case was reported of, what is generally mentioned as a very rare result of parotitis, suppuration. We also saw suppuration follow this disease in a sporadic case, in the year 1847 or 1848. Each broke internally. The patients were probably of families having a scrofulous taint.

The mumps were unusually complicated in most parts of the county. Very frequently there was fever resembling the ordinary bilious remittent. So strong was the epidemic influence of the disease, that while it prevailed manifestly among some members of a family, others, generally young children, would have what some practitioners called "blind" or "undeveloped mumps." In these cases, the patients at the beginning would

feel all the premonitory symptoms of the disease, the jaws a little stiff for a day or two, with sometimes a little swelling, at others none, which soon subsided, followed by soreness over the whole body. The fever was very similar to that accompanying parotitis. It would be curious to know in some of these cases whether they underwent the specific action of the epidemic sufficiently to ward off future attacks.

All cases of metastasis to the testis with which we were acquainted, were looked upon more in the light of succession than of transference. There was not a true change of place in the disease, but the orchitis followed or succeeded after the parotitis had spent itself and was subsiding, having gone the usual time. The swelling of the testis, however, was none the less severe. As far as noticed, the testicle on the same side with the last parotid suffered, and it was generally the right side, when but one testicle was affected.* This was true also of the breast. In many cases the testicle swelled in a much greater ratio than the parotid. One physician reported that, while the testis was affected, his patients complained much of the back of the neck, in the region of the cerebellum. All the cases were at the age of puberty, or beyond it. We have heard of no instance of its return to the parotid. Nor do we know of any case of metastasis proving fatal except one, a man of forty years, under quack management. This complication of mumps was observed as late as May.

The treatment of the parotid was simple. Flannel alone, or wet with camphorated liniment, perhaps was the general application. But the treatment of the orchitis was diverse. Most practitioners used warm applications in the form of flannel and liniment of some kind, while some used, and they thought with advantage, cooling applications, as acetate of lead in solution. Under this latter plan there was one case of considerable severity where a speedy recovery followed.

The recumbent position and brisk cathartics, with refrigerent medicine to abate the intensity of the fever, and a suspensory bandage to the parts in severe cases, were considered indispen-

* Since the right testicle, or breast, was generally affected in metastasis, and the corresponding parotid was generally the last attacked, we infer that, in this epidemic, the left parotid was generally the first to swell.

sable. On one occasion, we found a patient applying to the scrotum flannel wet with beef brine, which we were told was a current domestic application.

Summary.—From these reports we see that nearly all ages suffered in this epidemic, from the infant of six months to the old man of seventy.

One case of metastasis to the breast. Two others affected with soreness of that gland.

One case of suppuration of the parotid.

Several cases of metastasis to the brain and bowels.

Eighty-six cases of metastasis to the testis, and two of these resulted in atrophy of that organ.

Yours respectfully,

J. BARRON POTTER,

Reporter.

Dr. JAMES PAUL,

Chairman of Committee.

BRIDGETON, N. J., *Sept.* 1851.

B.

REPORT FROM GLOUCESTER COUNTY.

A SEASON of unusual healthfulness in this district has afforded to your Reporter but few subjects of sufficient interest to merit notice or record.

We have not been visited by any epidemic during the past year, nor have our ordinary endemic diseases presented any peculiarity of course or character. There has been much less sickness among us since the departure of the cholera than during any previous period of which I have personal knowledge, though I have been informed by some of our older practitioners here that it was equally healthy after the epidemic of 1832. It would seem as if the agencies which produced the cholera, continued to exercise an influence in modifying the causes of disease, and the susceptibility of the constitution to certain diseases, long

after their first effect, as manifested in that epidemic, had passed away. A similar observation has been made upon the healthfulness of London, since the disappearance of the cholera from that city (*Lancet*, August 1850, p. 205); and Dr. Welister, in commenting upon the data on which the observation was founded, refers to the general fact "that, after the disappearance of a very fatal epidemic, generally speaking, the rate of mortality declines considerably during the subsequent season." He states it as more or less true in relation to "any severe malady;" but I have not remarked it as notably so, excepting in connection with the cholera. Our knowledge of the causes and nature of epidemics is yet too limited to enable us to offer any reasonable conjecture upon the rationale of many of the circumstances connected with them. We can only collect and collate facts for our guidance in practice, until some new discoveries, or some more extensive generalization of our present knowledge, shall make known to us the laws by which these visitations are governed.

Whoever has watched diseases for a term of years, must have felt convinced that there are *constantly* at work agencies, pervading and extensive, so subtle as to be inscrutable by any of our present means of observation, and so powerful as to modify the character of diseases over vast tracts of country, in locations the most different in physical condition, and dissimilar in their meteorological phenomena; and this not merely in causing the outbreak of rushing epidemics, which seem to be caused by some special influence and to be subjected, each one, to laws of its own, but in moulding the type of disease, making it now sthenic, now the contrary; now inflammatory, rapid, and, if left to itself, almost invariably fatal; now mild, and tending, in the great majority of cases, to recovery; at one time implicating the lungs, at another the bowels, and at another the brain; making treatment which was useful last year useless or injurious during the present. And so continually are these influences in operation, that there is hardly an injunction of more consequence to the practising physician than that which directs us to study well "the epidemic constitution of the season."

We have a curious fact in illustration of these remarks in the

present extensive prevalence of a disposition to purulent deposits in the external tissues of the body. These have been so common here for the last few months that a considerable moiety of the community has been afflicted with them. Some have had whitlow; others have been worried with a succession of crops of boils; and abscesses of every variety of form and location have abounded, from those on the eyelid, containing merely a few drops of matter, to immense sacs, in the muscles of the thigh and on the parietes of the abdomen, filled with several ounces. From conversations with other physicians in the neighboring districts, I have learned that this form of disease is by no means limited to our immediate vicinity, but prevails extensively in various sections of this portion of the state. Nor is it confined to this continent alone; both the *Lancet* and *Ranking's Abstract* speak of its prevalence in London. The author of an article upon it in the latter has even dignified it with the name of the "furunculoid epidemic."

These facts are interesting, not so much from any intrinsic importance in the disease itself, as because of their showing the existence of certain agencies, powerful in the production of diseases over large tracts of country, which cannot be explained by any peculiarity of atmosphere or climate, in the ordinary acceptation of those terms, nor by any other appreciable physical condition; for it would be difficult to find two places in which, so far as their hygienic relations are concerned, all these are more dissimilar than the open, flat, alluvial plains of a rural district in New Jersey, and the crowded, foul, and murky streets from which the denizens of the London hospitals are drawn.

We had, during the past summer, a few cases of diarrhœa and dysentery, but not so many as in the previous year. Most of those that we did have were among children, in whom it seems to have taken the place of cholera infantum, of which we have had but very little for the last two or three summers—ever since the season of the cholera; much less than before that time. It has generally prevailed to a considerable extent in the summer, and made a very important item in our bills of mortality; but, during the period referred to, the cases have been few and easily

manageable; while dysentery, in the same class of patients, has been both more frequent and more mortal.

Our autumnal fevers have been almost all of the intermittent type, readily curable by the use of quinia. In simple cases of ague, without any febrile or inflammatory complication, I often employ, on account of their cheapness (a matter of considerable importance to country practitioners, who have to furnish drugs to a large number of patients), other preparations of cinchona, which are equally efficient, and not more than one-half as expensive as the quinia. That to which I most usually resort, is a mixture of a tablespoonful of powdered barks and a teaspoonful of black pepper. The mixture to be divided into four powders, one of which is to be taken every two hours, commencing eight hours before the chill is expected. This will generally arrest the paroxysms. It is the most efficient combination of cinchona with which I am acquainted, and has as another advantage, that many who, from certain prejudices against the use of quinia, common in our community, object to taking it, will very willingly use the barks in this manner. When a neglected intermittent has assumed the continued form, a termination by no means unfrequent in that portion of the district which borders on the river (which is our fever region), it is generally tedious in its progress, but favorable in the result, requiring little more than a watchful expectant treatment, with an attention to any unfavorable symptoms which may occur.

The subject of foreign bodies, accidentally intruded into the different passages, is one of considerable interest. Two cases have fallen under my notice during the year, which may be worth narrating. One was a little girl, who had drawn a grain of corn into the larynx by a sudden laugh while the corn was in her mouth. When first visited, it had been ten days in the bronchus. For the first two or three days after the accident, she had experienced little or no inconvenience; there was no spasm; no suffocative cough; no paroxysms of dyspnœa. After this time, cough and expectoration came on, and about the eighth day fever was developed.

On examination, the respiration of the left lung was found to be very loud and puerile. The front of the right lung emitted

no sound of respiration, while the back portion of the same lung gave a faint vesicular murmur, mingled with sounds of rhonchus and crepitation. There was very little doubt of the nature of the case, and the position of the corn in the right bronchus, and an operation was suggested to the parents, who declined acceding to it, more especially as we informed them that, from the position in which it probably was, and its immobility, it was doubtful whether we should be able to find it. The inflammation increased rapidly, and a fatal result was feared from this cause, when, on the twenty-first day after the accident, during a very violent and nearly fatal paroxysm of suffocative cough, the corn was ejected. The inflammation continued for several days longer, when the patient began to convalesce.

The other case was a child, who had thrust a small, smooth, pearl button up one of the nostrils. This kind of accident, though not so fatal as the intrusion of foreign bodies into the larynx, is sometimes very puzzling; it being by no means so easy to introduce a probe or forceps into the nostril of a struggling child, and draw out the offending substance, as the very concise statement of the books would lead one to expect. I have been in the habit of expelling them by a process which I learned from Dr. C. Garrison, and which is generally very effectual. It is to place a finger on the side of the free nostril, and, by pressing it against the septum, entirely close this nostril. Then apply the mouth to the mouth of the child (usually screaming lustily), and blow strongly. The natural tendency of the air is to return through the nostrils; and, unless the foreign body is very firmly impacted, the pressure of the column of air from behind will impel it downwards, either entirely out, or where it can be easily seized by a pair of forceps. A few repetitions will often succeed when the first has proved ineffectual. This plan, as well as the forceps and probe, were tried in the present case, but did not answer the desired purpose; the peculiar shape of the button rendering it equally unfavorable either for the action of the air, or the instruments; so that it was perforce left behind. But, on calling a few weeks afterwards, the parents informed me that it had been discharged a few days before at stool. It

must have been forced, by the efforts of inspiration, probably during sleep, through the posterior nares, and swallowed.

J. F. GARRISON,
Reporter for the Gloucester District.

To JAMES PAUL, M. D., *Chairman of Standing Committee.*
SWEDESBORO'; GLOUCESTER CO.

C.

REPORT FROM MERCER COUNTY.

IN my report I shall first notice the measles as they occurred, during the spring months of the present year, in a portion of our county. The epidemic was pretty severe, many of the cases being of a very malignant character. The symptoms in some of the cases assumed ataxic or adynamic characters, which gave to them the features of the typhoid type of disease. In some cases these symptoms made their appearance in an early stage, but in others they did not appear until the eruptive stage was reached. These cases were marked by frequency and feebleness of pulse, by prostration, by unusual dyspnœa and oppression, and particularly by greater violence of the nervous symptoms, as delirium, stupor, &c. The eruption made its appearance slowly, and came out imperfectly or irregularly, and frequently assumed a livid or purplish color. This form of the disease required treatment by stimulants and tonics, such as wine, brandy, ammonia, &c. In the cases which were attended by severe nervous symptoms, camphor and opium were found useful. When local inflammations occurred, they were treated by cups or leeches, or the milder counter-irritants, as oil of turpentine, or ammonia. General bloodletting was not well borne. The diet prescribed was nutritious and digestible, such as milk and bread, light broths, beef tea, &c. A number of cases had a fatal termination. The causes of death were exhaustion, or congestion of the brain or lungs.

Dysentery has prevailed to a considerable extent, during the summer and autumn, throughout our district, though in the neighborhood of Trenton the majority of the cases have been of a mild character. The disease was marked by absence of tenesmus in many cases. In regard to the treatment of this disease, different plans have been pursued by different practitioners While some, without using any of the preparations of mercury, have resorted almost immediately to the use of astringents, others have employed alteratives alone or combined with astringents. The friends of each speak highly of their respective plans of treatment. In the cases which came under my own notice, alteratives and astringents were used. Though I have tried both methods abovementioned, the latter seemed to me to be attended by the best results.

In the absence of anything of greater interest, I will bring to your notice a case of scirrhous disease of the liver, as observed by myself in the case of a Dutchman, aged about seventy years. When he first came under notice he was sick with dysentery, from which he recovered under treatment. After the dysenteric symptoms were removed, he did not seem to recover strength, and it was found very difficult to regulate the bowels. He used tonics, and a good diet was also ordered. He soon began to complain of a dull heavy pain in the right side, in the hypochondriac region. Upon examination of this region, the liver was felt distinctly enlarged, extending for two or three inches below the false ribs. Its surface was also felt to be uneven. He had considerable dyspnœa, and some cough, for which no disease of the lungs could be detected. His complexion was of a dirty straw color. No treatment seemed to be of any avail. He continued gradually to grow worse until the 14th of August, when he expired. (He came under treatment about the 5th of July.) A post-mortem examination was held some hours after death. Upon opening the body and inspecting the liver, it was found to be almost one mass of schirrous disease. The right lobe, in particular, was very much diseased, and enlarged, and pressing upwards against the diaphragm so as seriously to interfere with the action of that muscle in respi-

ration. It was supposed that the liver would weigh as much as ten pounds. The lungs were found free from disease.

WM. W. L. PHILLIPS,
Reporter for Mercer District.

To JAS. PAUL, M. D.
Chairman, &c.
TRENTON, *Dec.* 1851.

D.

REPORT FROM HUNTERDON COUNTY.

IN many portions of the county of Hunterdon there has prevailed an epidemic, typhoid dysentery, which commenced about the first of August last, and terminated some time in November. In several sections the disease was unusually fatal, the majority of cases terminating unfavorably; whilst in other parts of the county, where the epidemic seemed to be as extensive, and the cases as violent, the number of fatal cases did not exceed that of any ordinary disease. I can only account for this, from the fact of the difference in therapeutic principles entertained by the various practitioners. I have endeavored to collect all the information I could relative to the character and treatment, which, with my own limited experience and observations, I respectfully offer to the consideration of the Committee.

It was observed by nearly all the practitioners in the early part of the prevalence of the epidemic, that the characteristic phenomena of inflammatory action were absent, and bleeding and other antiphlogistic remedies contraindicated. It was also observed that there was less tenderness of the abdomen, and more tympanitis than is usually present in ordinary dysentery. The pulse was often feeble, and in many cases there was a disposition to sink from the commencement; there were frequent evacuations, consisting of mucus, mixed with blood, and, in many cases, they were nearly all blood. Tormina and tenesmus were seldom, if ever absent, and the tongue was usually coated with a light fur-

which soon became dry, cracked, and brown. If the disease was not checked, very frequently the patient would die in three or four days, from exhaustion.

The most successful treatment, so far as I can learn, and from my own limited experience, consisted generally, in the first stage, of the use of a dose of calomel, five to ten grains, combined with opii. pulv. Doveri, or sulp. morp., followed in a few hours with, ℥ss. ol. ricini, and twenty to thirty drops of tinct. opii. Small doses of calomel, *free* doses of opium (as much as the system would bear) would then be given every two, three, or four hours, until the gums were slightly affected, when the calomel would be omitted. Wherever a slight mercurial impression was made, the patients generally recovered. Anodyne enemata, composed of starch and laudanum, and wherever there were indications of ulceration of the colon, injections of a solution of argent. nit. were used with good effects. Emollient poultices to the abdomen always afforded relief to the patient. A bland *nutritious* diet I considered of importance, and, soon after the operation of the ol. ricini, I usually gave milk, recently drawn from the cow, in small quantities, and repeated as frequently as circumstances would admit. When sinking occurred, Hope's mixture, or the chloroform mixture, &c., of Dr. Parrish, with or without sulp. quin., according to the indications, was all sufficient. In a few instances, where the prostration was greater, in addition to the above, essence of beef, wine whey, and carb. ammon. in julep, were resorted to successfully. It was observed, by several practitioners, that astringents rarely, if at all, produced any good effects.

Whenever the above principle of treatment was adopted, the patients generally recovered. In my own practice, out of twenty-six cases, two were fatal, and these were young children, and the cases became complicated with disease of the brain. In one of the infected districts, the cases were treated by a Homœopathist, and the majority of his patients died.

In another infected district, the practitioner had been successful, years ago, in an epidemic of ordinary dysentery, with the creta ppt., administered *ad infinitum;* and, pursuing the same treatment in this epidemic, he lost a large majority of his cases.

There is one circumstance in connection with this epidemic, to which I would call the attention of the Committee, and through them the profession, and that is: how far the protracted dry weather may have been instrumental in producing the disease. In the months of April and May, it was unusually wet, the ground being saturated with water on the first of June. In the months of June, July, and August, we had very little rain, only an occasional light shower. About the middle of August, the epidemic commenced, and continued for nearly three months, during which time we had very little rain, the ground being more dry, and water more scarce, than had been known for nearly thirty years previous. About the 20th of October, we had a general rain, and soon after the disease began to subside, and disappeared about the middle of November. During this period, there have been more deaths, in proportion to the number of cases, than has ever before been known in the county of Hunterdon. From nearly every part of the United States, we learn that dry weather has prevailed, and it is a fact, also, that typhoid dysentery has prevailed to a greater extent than is usual in this country, and I therefore call the attention of the Committee to this subject, so that future observations may determine how far a severe drought may be instrumental in producing typhoid dysentery.

In several parts of the county, typhoid or enteric fever has prevailed to a considerable extent, and in sixteen cases that I have seen, they nearly all commenced with dysenteric evacuations. The limits of this communication will not permit me to detail many interesting cases that have occurred; and as I desire to give you an extract from a communication I have received from Dr. William Johnson, a member of our County Medical Society, and one of the oldest and most successful practitioners we have, and who resides in one of the infected districts, I could not lengthen this report without curtailing the extract from Dr. Johnson's letter, which I have no wish to do, particularly as most of his experience coincides with my own.

"A characteristic feature of the disease of 1851 was a strong predilection to expend its forces on the mucous membranes. Acute bronchitis, with unusual vascular disturbance, was promi-

nent in the diseases of the spring; and dysentery and diarrhœa were the dominant diseases of summer and autumn. The very extensive spread of dysentery entitled it to the rank of epidemic, and the unusual mortality attending its visitation will long be remembered in the length and breadth of the land. The complication of dysentery with typhoid fever was a very frequent occurrence, and in these cases I have not the least doubt of its contagious character. In a very considerable number of cases the tongue, after a few days' sickness, presented the dry, brown centre of typhus. In these cases, the pulse was small, weak, and frequent; the hands and feet often below the natural temperature; some mental aberration was often to be detected, although the discharges from the bowels were very frequent, mucous, bloody, with tenesmus (but sometimes without); there was not much abdominal pain, or tenderness upon pressure.

"There were exceptions to this condition of things, it is true; but, from my own observations, I think it was a striking feature, in the dysentery of this season, that there was less pain and abdominal tenderness than usual. In several instances, the cases terminated fatally in four or five days; such cases of extreme severity I witnessed myself in but two instances.

There was one circumstance in the visitation of this epidemic worthy of record; I allude to the very frequent occurrence of rheumatism as one of its sequelæ. These cases, as far as I can trace them, occurred in persons who had not been subjected in any degree to *mercurial* treatment. A worthy member of our society (Dr. Honeyman) was one of the subjects of this secondary visitation.

"In the treatment of this, as well as in all other diseases, I was governed in some measure by the date of its attack, and the nature of existing symptoms. As a general rule, I gave calomel and opium. The calomel, in a dose of from five to ten grains, to remove the congested state of the bowels and portal system, and then in doses of two grains every four hours combined with half a grain of opium. In about forty-eight hours, the gums would become puffy, and other indications of a mercurial impression be evidenced. Should it occur sooner or later, I discontinued the calomel and used Dover's powders, in doses from

five to ten grains every four hours; or gave one grain of opium in place of the Doveri. If I had any reason to suspect that the opium pill passed unchanged through the alimentary canal, I substituted pulv. opii in the same doses. Between every dose of the anodyne, I gave small doses of the bicarb. soda gr. iij. ad. v. This article, when used some days, I occasionally found to purge too much, and then discontinued it. The opium was used throughout the whole treatment in some form, sometimes combined with plumb. acetat., sometimes with nit. argent., and sometimes with tannin. An early mercurial impression placed the patient in a state of safety. I did not attempt it in the advanced stages of the disease, and many cases forbade the continued use of mercury, such as advanced age, childhood, and in the case of delicate females. I was in these cases fearful of caries of the jaw bone. In a few instances, where there was fixed abdominal pains and tenderness upon pressure, I used epispastics with advantage; fomentations, and the application of a large bread and milk poultice to the whole of the abdomen, often appeared beneficial. Retention of urine sometimes required the semicupium; but, in fact, in a great many cases not thus complicated, this resource seemed eminently serviceable. But one case required catheterismus. Injections of opium with plumb. acetat. and nit. argent. were often extremely beneficial. In the typhoid cases, the aq. camphora, or Hope's mixture, and julep ammonia were used, and I have seldom seen a recovery where more active stimulants were employed, such as alcoholic articles. This has been my experience and that of my son; and I think I may, without charge of egotism, say that our success in the management of the disease will bear comparison with that of the physicians around us. I have for many years entertained the opinion that too active purgation was injurious in dysentery. I have of late years seldom purged the patient with more than one or two sufficient doses of calomel or castor oil. I have, sometimes, in the advanced stages of the disease, given a single teaspoonful of castor oil with a good effect.

"I endorse pretty fully the views of Dr. Parrish, that epidemic dysentery is more of a congestive than of an inflammatory character. Moderate purgation relieves the congested condition of

the bowels and portal system, and opium, by its soothing, obtunding, diaphoretic powers, aided when proper by mercury, restores the healthy condition of the parts.

"Conformably to these views, I have not subjected my patient to so rigid a diet as has been advised by those who consider the disease as altogether inflammatory. In its early stage, when there is much fever and heat of surface, I order a light vegetable diet, but when these conditions do not obtain, I let the patients have weak animal broths, but always prohibit solid food. I also forbid my patients taking any kind of food that will produce irritation of the intestinal mucous membrane; and consequently forbid too much food of any kind being taken at a time, as bulk alone will produce irritation.

"A considerable number of cases of typhoid, congestive, or perhaps more properly enteric fever, fell under my observation. They presented nothing special, but exhibited that general assemblage of symptoms so ably portrayed by the illustrious professor of medicine in the University of Pennsylvania. A few cases terminated within the fortnight, many ran on to the 17th, 20th, and even 30th days, and some still longer. In all these cases there was bilious diarrhœa; some times six, eight, or more large evacuations daily. In the nature of the alvine discharges, you perceive that my cases differed from Dr. Wood's. He states that the attendant diarrhœa of enteric fever differs in no respect from healthy evacuations, except in being more liquid; but in EVERY CASE seen by me, this season, they were black or dark green, and were evidently bilious. In fact, in many of the diseases of this season, the liver was urged on to inordinate action, particularly in typhoid dysentery. The tongue was generally brown and dry after a few days' continuance of the disease; in some cases, almost from the commencement, the tongue had a dark streak through its centre, although moist. The pulse in males ranged from seventy to ninety, or ninety-six; in females often more frequent. In one of my cases the pulse stood at eighty-five, and was so full, and the face so flushed, and the headache so distressing, that I was strongly tempted to use the lancet, but the dry, brown list in the middle of the tongue, the

bilious diarrhœa and tympanitic abdomen, deterred me from this measure.

"This case terminated favorably under the use of spt. eth. nit., chlorine mixture, blue mass, tannin, &c. Had the case terminated unfavorably, I should have blamed myself for being influenced too much by the name of a disease, and withholding the lancet; as it was, I feel satisfied of the correctness of my practice. This patient was a plethoric young man, but of weak muscular power. The peculiar characteristic eruption I observed in a number of cases of this disease; it was not invariably present. In a fatal case, these eruptions were numerous about the neck. This case terminated by perforation of the intestines (the abdomen was very tympanitic); but I did not verify this conclusion by a post-mortem examination.

"The disposition of the bowels to be acted upon inordinately by small doses of cathartic medicine was very frequently manifested. In one instance in particular, where I saw the patient for the first time after the disease had been of several days' standing, with dry, brown tongue and other symptoms of enteric fever, and where I wished to bring about a slight mercurial impression, two grains of calomel produced such violent hypercatharsis, that I had to desist from the further use of this mineral. This case is now convalescing after a course of about three weeks. I had to give Dover's powder and tannin daily to keep in bounds the diarrhœa. As Dr. Wood observes, it was often very difficult to fix a date to the commencement of the disease; its development was so very gradual, and spread over so many days. The disease in the bulk of cases ran through a period of three weeks, in some cases much longer.

"In the treatment of this disease I was governed by the state of the symptoms; in general, my treatment corresponded with that of Dr. Wood, as laid down in his Practice of Medicine. The saline powders of Stevens, with spt. eth. nit., and aq. camph., combined with serpentaria, were favorite articles with me. I am also persuaded I gave the chlorine mixture with very good effect; this article sometimes purged, and I then had to discontinue it. It did not agree where there was much pectoral disease; where there was much catarrhal affection I avoided

it. The saline powders of Stevens, but in much smaller doses than those administered by him, I found answer, perhaps as well as mercury, in restoring salivary and mucous secretion, and in cleaning of the tongue. I gave the preparation in doses of one-fourth or one-sixth of those advised by him. My reason for reducing the dose was the fear that larger quantities would disturb the bowels.

"In mild cases I could produce a mercurial impression, and they rapidly recovered; perhaps they would have done so under a less energetic treatment. In grave cases I could not affect the mouth, but perhaps the mercury may have done good by its alterative medication. I used the ol. terebinth. in but a few cases, and in them not long, as the patients refused to take it. The acetatis plumbi, combined with opium, was evidently advantageous in some instances. Wine whey and brandy were seldom indicated; from the julep of ammonia very good results were obtained. I did not once use the lancet.

"I might, perhaps, detail some interesting surgical cases, but the limits of this communication will not admit of it. I shall briefly give you the outlines of a case of concussion of the brain. The patient, a boy eight years of age; cause, thrown from a horse; the system did not react in from twenty to twenty-five hours. Stupor profound; cold applications to head; sinapisms to the legs; venesection and purging after reaction; venesection and purging repeated; cupping head repeatedly; tart. antim. in nauseating doses; rigid diet; inflammation of the brain took place; coma for eight or ten days; final recovery. I mention this case merely to show the importance of resisting the importunities of friends to use the lancet too early, before reaction takes place, and to show the astonishing recuperative powers of the system. For a week, I thought this boy not much better than dead.

"In the practice of midwifery, three cases requiring instrumental aid have occurred since March last. Two of them were forceps cases, and terminated favorably for both mothers and children. One case of evisceration of the child, in a shoulder-presentation, where the waters were drained off so long as to *render* turning impossible, fell under my care. The operation

was performed in the usual manner, and the mother very rapidly recovered.

"This is the only case of the kind I have ever witnessed in a practice of forty years. I have in this time had a number of cases of shoulder-presentation, but have never found any very great difficulty before in getting at the feet of the child and turning. In one instance I effected turning after the waters had been drained off nine hours; I was called in second. About three or four women, since my settlement, have been lost in the hands of the practitioners around me, in circumstances similar to this; none of these cases did I myself see."

As regards violations of the medical laws of the State in the county, I can add but little to the report made by my predecessor to the last Standing Committee. It is a lamentable fact that quackery should prevail to so great an extent as it does throughout the State, and Hunterdon County is not exempt from its baleful influence, but my impression is that it is subsiding. It gives me pleasure to state that the District Society for the county is in a flourishing condition; and, although it is opposed by some influential members of our profession, its course is onward. The meetings are well attended; the interest increases, and members are added at each session. Other topics might be added to this report, but its great length forbids.

Very respectfully submitted,

GEORGE P. REX,

Reporter for Hunterdon Co.

To JAS. PAUL, M. D.,

Chairman, &c.

REAVILLE, *Dec.* 16, 1851.

E.

REPORT FROM PASSAIC COUNTY.

DURING the spring of 1851 the disease that occupied the most of our attention was scarlet fever. The eruptive stage of

the disease was generally mild, although a few malignant cases occurred, with gangrene of the throat, &c.; but in almost every case, about a fortnight after the eruption began to fade, there suddenly set in that affection of the kidneys, characterized by a greatly diminished secretion, amounting almost to suppression, and attended with that marked change in the color of the urine, which is, I believe, peculiar to this disease. I have seen cases where it was as dark as ink, and where I could not satisfy myself that it was really urine until I had made the strictest inquiry. This suppression was not always preceded, nor yet attended, at first, by either anasarca or local dropsy, though this always soon followed. The cases most dangerous and difficult to treat were those attended with hydrothorax, and symptoms of this affection were often those that first attracted attention. In former epidemics of scarlatina, I have had but little difficulty in managing the consecutive suppression of urine and anasarca. I almost invariably succeeded with a compound of squills, sup. tart. potass., and sulph. potass., according to the formula found in Eberle's Practice; but in this epidemic, this, as well as all other forms of diuretics, not only often failed, but seemed to aggravate symptoms, causing frequent, painful, and ineffectual efforts to pass urine. What, after some experience, I found the best practice, was to apply a number of leeches over the region of the kidneys, followed by warm poultices, and, if the case proved obstinate, a blister followed by poultices again; to give in the early stage, calomel, and when the disease became more asthenic, administer squills, and the more stimulating diuretics. A number of the cases of hydrothorax were accompanied with symptoms of pleurisy, and were benefited by a blister. Some terminated in disease of the lungs, the little patient pining away with cough and hectic fever. The most of these were children from two to four or five years of age.

There succeeded to scarlet fever a healthy season, extending through the early part of summer, the chief cases occurring being mild intermittents; but, during the latter part of summer and autumn, remittent fever became quite prevalent, much more so than for several years previous. There were some cases *which scarcely* exhibited any tendency to intermission; a thing

which did not occur in the two years preceding. Pure remittent seemed to do best under an expectant plan of treatment, watching, however, against local, congestive, or inflammatory complications, of which the lungs were the most frequent seat. Under such circumstances venesection gave the speediest relief, after which a blister, or in some cases a warm bran poultice, was very useful.

Some cases of what appeared to be mild intermittent fever, with some degree of pulmonary disease, came to my knowledge, when the symptoms of local disease were not sufficiently attended to, and the patient died with all the evidences of suppuration; which I believe might have been saved by timely bleeding and counter-irritation.

During the winter, thus far, inflammatory affections have prevailed; the mildest cases of which, from their tendency to prove protracted, did best when they were treated with venesection from the start. In a number of instances I had occasion to regret that I did not employ it at my first visit, the use of milder means only serving to make the case more lingering. I believe the influence of the various popular new notions, such as Homœopathy, and Hydropathy, sometimes even restrain the regular physician, who has no faith in such delusions, from the free and full discharge of his duty: that decisive conduct which is needed to check diseases of an inflammatory nature. During the past year a number of pulmonary cases have come to my knowledge, where the cold water treatment, in the early stage, appeared to serve the purpose of fixing and confirming the disease. The public certainly need to be warned against the use of the cold bath, and the wet sheet, in cases where there is a tendency to pulmonary disease.—I have had one or two obstetric cases that may be interesting. I attended a very healthy young woman in her first confinement. The labor proceeded in all respects naturally, and terminated at the end of about twelve hours of moderate pains. While delivering the placenta, the nurse was directed to make friction over the uterus, at the same time that I made moderate traction with the cord, and the patient made a straining effort in connection with the occurrence of a pain. After a few minutes the placenta came down, appa-

rently expelled by the action of the uterus as usual. Proceeding to gather up the membranes in my hand, and draw them gently away, I found they did not come as usual upon traction, and, passing my hand into the vagina, I discovered, to my great surprise, what I knew at once to be the fundus of the uterus low down near the vulva. I confirmed my diagnosis by an examination above the pubis; a portion of the membranes was involved with the uterus, and so held back. At this period nothing in complaints, or the appearance of the patient, indicated that anything unusual had happened. Without loss of time, while I had the fingers of my left hand in the vagina, and the right examining above the pubis, I grasped the fundus uteri and pushed it up, and then made steady pressure, with fingers in a conical form, upon its centre, and, much to my delight, yielding before the pressure, it passed through the mouth of the womb back to its proper position, and I could feel with my right hand, through the abdominal parietes, that portion connected with the neck descending to its own place. Although, as I said, the patient kept her color, and gave no sign of anything wrong at the time the inversion occurred, as soon as I attempted to return it she fainted, and continued in that state for a few minutes. She was as comfortable as usual afterwards, and had a speedy and good getting up. This case makes me believe that inversion may sometimes take place by the action of the uterus itself, without any undue force being used in the delivery of the placenta. It may be that the nurse made an improper amount of downward pressure while making friction over the uterus, but certain it is I employed myself nothing more than the most gentle traction. I am not unaware that a flaccid and inactive condition of the uterus favors an inversion, and under such circumstances a comparatively slight force may induce it; but I do not think this was the cause here.

On the 17th April, about 2 o'clock A. M., I was called to see a colored woman whom I had attended in several previous confinements, which were easy. She had been in labor several hours, with pretty strong pains, when I arrived. Upon making an examination I found the head presenting, and with it a foot well in advance of *the head.* I at first endeavored to return the foot, but was un-

successful. The head making no progress, and the pains being strong, I sought in the next place to turn; but, though I was able to bring the foot quite low down, the head remained fixed at the brim of the pelvis, refusing to recede. Three or four hours having been consumed in these attempts, I called Dr. Weller to my assistance, hoping that, by passing a tape around the ankle of the presenting leg, and one making steady traction, while the other pushed up the head, the evolution might be effected. Finding we accomplished nothing, and discovering at length that the head, instead of receding, showed a disposition to advance, we desisted from our efforts, leaving the case awhile to nature. Making an examination after a little, we found the foot had receded somewhat, and, after an hour more of strong pains, a still-born child was delivered, of the usual size. The case in other respects did well. It is noticeable that the strong traction on the leg appeared to bring the head down and fix it in the superior strait, so that the pains afterwards had a different effect, propelling the head in the axis of the outlet instead of pressing it against the brim of the pelvis, as at first. The delivery was effected in a way different from what we expected, and may prove instructive to others.

ALEX. W. ROGERS.

To JAS. PAUL, M. D., *Chairman, &c.*

PATERSON, N. J., *Dec.* 1851.

F.

ESSEX COUNTY, DR. DOUGHERTY'S CASES.

Miss P., aged sixteen, was attacked with scarlet fever about the 6th of March, 1851. She was the eldest of a family of seven children, all of whom labored under the disease at the same time with her.

In every case except hers, however, it was remarkably mild, being accompanied with scarcely any sore throat, although the eruption was profuse and characteristic. Miss P. had, from the first, high fever, delirium, abundant eruption and ulceration of

the throat, which soon became gangrenous. This condition continued till the 14th, when was superadded a hemorrhage, in the beginning scanty, and from the nostrils, but soon in large quantity and from every part of the body; from the throat, the lungs, the stomach, the intestines, the uterus, and even those parts of the skin to which blisters and mustard plasters had been applied. This continued without cessation till the 18th, when she died, to all appearance chiefly from the loss of blood. The treatment consisted mainly in the following prescription, which Watson highly recommends, viz:—

℞.—Chlorat. potass, ʒii;
Acid. hydrochlor.,
Aq. destillat., āā fʒii.

To be kept in a dark place.

Take two drachms of this, and mix with a pint of distilled water, of which a tablespoonful or two is a dose.

As a local application to the ulceration of the throat, I used a solution of nitrate of silver; ten grains to the ounce. In addition to these means, I of course was careful to keep the bowels free.

The other children required and received almost no treatment whatever. If then they had been under homœopathic care, what a strong argument in the minds of the people at large their recovery would have furnished in behalf of infinitesimalism.

Case II.—Mrs. D., æt. 26, nursing a child three months old, came under my care during the latter part of the year 1850, with a fungous growth from the left breast about the size of a small orange. She stated that some time before her confinement she had noticed a hard tumor in the organ, which, as it never caused her any uneasiness, she had neglected. When lactation commenced, it became, together with the whole breast, swollen and painful until it broke, as she thought, when it shot forth a fungus which, in spite of all the remedies applied, had continued to increase until the time of my seeing it. Wallace, somewhat notorious in this vicinity as a "cancer doctor," had pronounced it "a tumor cancer" of the most malignant form, and, after endeavoring in vain during some weeks to check it, had finally *abandoned* it as incurable, and consigned the patient to a speedy

death. As the woman's appearance was good, not in the least cachectic, and the growth although rapid and unsightly was not hæmorrhagic, I pronounced the tumor benignant; but to fortify that opinion, took up my friend Dr. Coles, who coincided in it. I ought to state that she did not nurse on that side; but, when the other breast was nursed from, milk flowed freely from all parts of the tumor. This showed that the lactiferous part of the breast was involved in, if it did not wholly constitute, the growth.

Our opinion not being entirely satisfactory to the patient after the decided death-warrant pronounced by the quack, she went to consult the surgeons of the New York Hospital, who stated, as we had done, that the disease was not malignant, but recommended an operation for the removal of it. To this she would not consent, and concluded to place herself again under my hands.

I applied for some time what Tuson, in his work on the female breast, terms chloride of carbon; made by mingling together three or four parts of alcohol, and one of the chloride or oxide of calcium, and collecting in a cooled receiver. A drachm of this was diluted with a pint of water, and kept constantly to the growth by means of lint dipped in it and covered with oiled silk. Afterwards I used dilute red precipitate ointment; but nothing seemed to do much good until she was ordered to wean her child, when the fungus began to wither, and in a couple of months from the commencement of the treatment was entirely gone and replaced by sound skin.

In less than a year afterwards I attended her in confinement, when she was threatened with a reproduction of it in consequence of lactation. The swelling of the breast, however, subsided under the use of this lotion:—

℞.—Ammoniæ muriat., ʒiiss;
Spts. vin., fʒvi. M.

To be kept constantly applied by means of lint and oiled silk.

I saw her on the 15th of January inst., and found the breast healthy, with no disposition to a return of the disease. The skin over its site is discolored, and a somewhat resisting lump about the size of a hickory-nut still remains. There is a free and con-

stant flow of milk from the nipple, though she does not nurse from it, owing to a congenital malformation.

In closing the report of this case, I cannot forego the opportunity to remark on the incapacity and dishonesty of pretended cancer curers. In the course of my practice, I have known several genuine cases of cancer to pass into the hands of such men. In not one instance did the quack fail to promise liberally, and to extract money largely, or the patient to die miserably. Be it observed, too, that all is fish that comes to their net; every tumor or ulcer, of whatever sort, is conveniently classed as cancer, and if removed by their escharotics, which it well may be, is made to do service in the long catalogue of cures wrought without operation. Thus, a man asked my opinion relative to an encysted tumor about the face, stating that the cancer doctor before mentioned had claimed it as an example of disease in his line, and offered to cure it for $50, half down, and the balance after the cure should be effected.

Such instances of ignorance, or more properly knavery, are by no means rare; and if each member of the profession would furnish for publication those which have come under his cognizance, the list might shake, if it could not destroy, the implicit faith of the public in the "cancer doctor's" advertised cures.

Case III.—January, 19th inst., at 4 A. M., I was called to attend Mrs. T., primipara, whom I had seen and bled four days previously for violent epileptic convulsions. The venesection, together with active purging, had arrested the convulsions and relieved the severe headache connected with them, and there seemed no reason to anticipate a recurrence of the disease. When I saw her on the 19th, she had been in labor about twenty hours, the membranes had given way two hours before, the mouth of the womb was dilated to the size of a dollar, and the head presented about two inches from the os externum. The pains were weak and at considerable intervals, but the head continued gradually to advance till it reached the perineum, and everything promised a speedy termination of the labor by the natural powers, when suddenly I was summoned from the adjoining room by the announcement that she had a fit. As soon as they could be procured, I applied the short forceps, and in a few minutes

delivered her of a living female child. She had rather alarming hemorrhage after the expulsion of the placenta, although great care was taken to have the womb well contracted. This was checked at length by grasping the organ, with one hand dipped in cold water, and with the other compressing the abdominal aorta.

She was hardly bandaged when the fit returned, but not so severe or protracted as before; and considering it due perhaps to the loss of blood indicated by pallor of the lips and face, and extreme feebleness and frequency of the pulse, I gave her brandy and water as soon as she could swallow.

In addition, I left the following prescriptions:—

℞.—Ext. hyoscyami optim.,
Gum camphor, āā gr. xii;

Divide in pill, number vi., one to be taken every two or three hours.

℞.—Rad. valerian, ℥ss.

Infuse in a pint of boiling water, and give two tablespoonfuls every half hour.

Of course, cold was kept to the head, mustard to the arms and legs, and hot bottles to the feet. Under this plan, she soon recovered consciousness. On calling at 9 P. M., I learned that she had shivered excessively about two hours before, and was supposed to have had a slight fit.

The pulse 140, small and soft; no disturbance of the sensorium; put a blister to the back of the neck.

January 20th, A. M. Better. Pulse 100. Is likely to do well.

A. N. DOUGHERTY.

Newark, *January* 20, 1852.

CATALOGUE

OF

DRUGS, PHARMACEUTICAL PREPARATIONS,

AND

MEDICINAL WARES,

OFFERED TO PHYSICIANS

BY

BULLOCK & CRENSHAW,

(SUCCESSORS TO SMITH & HODGSON,)

DRUGGISTS AND MANUFACTURING CHEMISTS,

N. E. CORNER OF ARCH AND SIXTH STREETS,

PHILADELPHIA.

APRIL 1, 1852.

PREFACE.

Since issuing the former edition of their catalogue, one of the Subscribers has been to Europe, and made more complete arrangements for importing; physicians may rely upon getting foreign drugs fresh and of the best quality; our arrangements are such that we are enabled to supply all the new preparations as they are presented to the notice of the profession. Connected with our establishment we have a laboratory in which our pharmaceutical preparations are made, under our own superintendence, and in strict accordance with the U. S. Pharmacopœia, and our powders are prepared from articles which have been carefully selected by ourselves.

In the list of medicinal wares will be found the prices of glass stoppered bottles, which, by importing, we are enabled to sell at low rates. These bottles, both by their handsome appearance and greater convenience, are much more suitable for a Physician's office than the cork stoppered bottles; and where there is not a special order to the contrary, such bottles will be used for putting up their articles, and will be charged at the prices named in the list.

The skeletons priced are from one of the first anatomical establishments in Paris, and will be found of a superior quality; they are so cleaned that the grease will not appear on them after keeping. The list of anatomical preparations, &c., annexed will, it is hoped, enable Colleges, Professors and others to supply themselves with such articles without the expense of sending a person to Europe specially for this purpose.

We are also the sole agents in Philadelphia for the sale of Kinne's Magneto-Electric Batteries, drawings and descriptions of which will be found at the close of the Catalogue. These batteries are of the latest and most improved pattern, and operate without the use of acids or the trouble of a person turning. The attention of Physicians to them is requested, as being an article long wanted by the profession.

We shall in a few weeks issue an illustrated chemical catalogue, embracing a large assortment of pure chemicals and chemical re-agents, and with drawings of our apparatus. Distributed gratis upon application.

All orders will be executed with care and despatch, and packed so as to carry safely to any part of the country, we holding ourselves responsible for all breakage over 5 per cent. of the amount of the order; or for 2 per cent. we will insure against all breakage. The expense of sending goods to the most distant part of the country, by sea or land, with the present low prices of transportation, is very trifling.

Being also the manufacturers of Osborne's superfine American Water Colors, the reputation of which has been long established, we will take pleasure in forwarding price currents to all who may desire them.

BULLOCK & CRENSHAW,

April 1, 1852. Sixth and Arch streets, Philadelphia.

DRUGS AND MEDICINAL WARES,

OFFERED TO PHYSICIANS

BY

BULLOCK & CRENSHAW,

N. E. CORNER ARCH AND SIXTH STS.,

PHILADELPHIA.

ACETONE (pyroxilic spirit,)	$2 00	per *lb
ACTUM, Opii	1 50	lb
Scillæ	50	lb
ACID: Acetic: No. 8	28	lb.
Arsenious, Pure	25	lb.
Arsenic:	25	oz.
Benzoic:	40	oz.
Citric:	Scarce	lb.
Gallic:	1 50	oz.
Muriatic: Med: Pure	12	lb.
Nitric, Med: Pure	25	lb.
Tannic:	38	oz.
Prussic: U. S. P. in oz. Stop. Bot.	31	oz.
Pyroligneous	25	lb.
Sulphuric:	06	lb.
" Aromatic:	50	lb.
Oxalic:	50	lb.
Tartaric:	50	lb.
ACONITINE	15	gr.
ALCOHOL: U. S. P.	62 to 75	gall.
Absolute	50	pint.
ALUM	08	lb.
ALOE, Capens:	25	lb.
" Pulv:	38	lb.
Socotrina	63	lb.
" Pulv:	75	lb.
AMMON: Carb:	30	lb.
Murias	25	lb.
AMMON: Nitras:	1 00	lb.
Phosphas	1 50	lb.
ANNATTO	50	lb.
ANTIM: et Potass: Tart:	62	lb.
Sulph: Pulv:	20	lb.
" Kermes	12	oz.
AQUA Ammon: fff.	20	pint.
" Concent:	50	pint.

*The pounds and ounces referred to in this catalogue are all avoirdupois; for convenience we have used the term dr. for the 1-8th of an avoirdupois ounce.

AQUA Fortis	$0 12	per lb.
Rosæ	15	pint.
ARGENTI NITRAS, Cryst:	1 25	oz.
" Fus:	1 25	oz.
" Oxid:	2 00	oz.
ARSENICUM, (pure sublimed)	25	oz.
" Iodid:	1 50	oz.
ASSAFŒTIDA	38	lb.
ATROPIA	15	gr.
BACCÆ JUNIPERI	25	lb.
BALSAM Canada,	88	bottle.
Copaibæ	38	lb.
" Capsules	75, 1 50, 2 00	doz.
Peruv:	25	oz.
Sulphur:	1 00	lb.
Tolu:	1 25	lb.
BEBEERIN	50	dr.
BISMUTH: Subnit:	12	oz.
BLUE MASS: vid: Pil: Hydrarg:		
BRUCIA	75	dr.
BURGUNDY PITCH	16	lb.
CALCIS Chlorid	10	lb.
Carb: Præcip: Eng:	38	lb.
" Præp:	08	lb.
CALCIS PHOSPH: Præc:	75	lb.
CALOMEL vid Hydrarg: Chlor; Mit:		
CAMPHORA	45	lb.
CANTHARIDES	2 00	lb.
Pulv	2 50	lb.
CANTHARIDIN TISSUE, (Brown's)	1 50	can.
Dressing Tissue, (Brown's)	75	can.
CAPSICI Afric Pulv:	50	lb.
CARBO LIGNI, Pulv: (Willow)	25	lb.
CARRAGEEN	25	lb.
CARYOPHYLLUS	38	lb.
CASTOREUM RUSSIC:	1 25	oz.
CATECHU	25	lb.
CERA ALBA	60	lb.
CERATUM Cantharidis	1 00	lb.
Cetacei	50	lb.
Plumbi S'act:	50	lb.
Resinæ	50	lb.
" Comp:	50	lb.
Sabinæ	50	lb.
Simplex	50	lb.
Zinci Carb:	50	lb.
CHIMAPHILA	25	lb.
CHINOIDINE	1 25	oz.
CHLOROFORM	1 50	lb.
CINCHONINE	2 00	oz.
CODEINE	3 00	dr.
COLOCYNTHUS	1 00	lb.
COLLODION, in 1 oz. Stop. Bot.	2 00	doz.
Cantharidal, in ½ oz. Stop. Bottles	2 00	doz.
COD LIVER OIL, Vid: Ol: Jecoris		
CONFECT: Rosæ	50	lb.

CONFECT: Sennæ	$ 50 per	lb.
CORTEX Aurantii	15	lb.
Canellæ	15	lb.
" Pulv:	25	lb.
Cascarillæ	25	lb.
Cassiæ	38	lb.
" Pulv:	45	lb.
Cinchon: Flav:	1 75	lb.
" " Pulv:	2 00	lb.
" Rub:	1 50	lb.
" " Pulv:	1 75	lb.
Mezerei	25	lb.
Prun: Virg:	15	lb.
Quassiæ Simarub:	75	lb.
Sassaf: Rad:	15	lb.
Ulmi	15	lb.
" Pulv: (Fine)	25	lb.
Ulmi, Pulv: (Coarse)	20	lb.
Winteræ Aromat:	75	lb.
CREASOTUM, in 1 oz. Stop. Bot.	38	oz.
CROCUS SATIVUS	62	oz.
CUBEBA	(scarce)	lb.
Pulv:	(scarce)	lb.
CHELTENHAM SALT	3 00	doz.
CUPRI SULPHAS	12	lb.
DELPHIA		
DOLICOS PRURIENS (Cowhage)	1 00	oz.
ELATERIUM (Clutterbuck's)	75	dr.
EMETINE	2 50	oz.
EMPLAST: Adhesiv:	38	lb.
Ammoniac:	75	lb.
" C. Hydrarg:	1 25	lb.
Assafœt:	1 25	lb.
Belladon:	1 50	lb.
Calefac:	75	lb.
Cantharid:	1 00	lb.
Galban: Comp:	50	lb.
Hydrarg:	1 00	lb.
Logani	50	lb.
Myrrhæ	1 25	lb.
Opii	2 00	lb.
Plumbi	38	lb.
Resinæ	38	lb.
Roborans	38	lb.
Saponis	50	lb.
ERGOTA	1 25	lb.
Pulv:	1 50	lb.
ERGOTINE	65	dr.
ESS: MENTH: PIP:	75	pint.
ETHER Acetic	60	pint.
Chloric	50	pint.
Sulphuric	30	pint.
" Letheon	38	pint.
EXTRACT: Aconiti, Eng:	25	oz.
Belladon: "	25	oz.
Cannab: Ind: Eng:	3 00	oz.

EXTRACT: Cinchon: Præcip: in oz. Pots	$0 75	per oz.
Colchici: Acet:	50	oz.
Coloc: Comp:	2 50	lb.
Conii, Eng:	12	oz.
Cotyledon: Umbilic:	1 00	oz.
Digital:	25	oz.
Diosmæ Fluid:	1 50	lb.
Dulcamaræ,	19	oz.
Glycyrrhizæ Calab:	30	lb.
" Pulv:	45	lb.
Gentianæ	50	lb.
Hellebor: nig:	25	oz.
Hyoscyami, Eng:	25	oz.
Jalapæ Alc:	25	oz.
Krameriæ (by cold deplacement,)	20	oz.
Monesiæ	2 00	oz.
Nuc: Vom: Alc:	50	oz.
Opii Acet:	1 00	oz.
" Aquos:	1 00	oz.
Polygalæ senegæ	50	oz.
Quassiæ	50	oz.
Rhei	25	oz.
" Fluid	1 50	lb.
Sarsap: Alc:	38	oz.
" Fluid: Comp:	6 00	doz.
Sennæ " "	1 50	lb.
Spigeliæ " "	1 50	lb.
Stramonii	25	oz.
Secale Cornut: (without oil)	50	oz.
Taraxaci, Eng:	12	oz.
Valerian: Fluid:	1 50	lb.
" Solid: (Etherial)	1 00	oz.
FECULA MARANTA BERMUDA	50	lb.
FARINA Avenæ Beth:	10	lb.
Sem: Lini	12	lb.
FERRI Arsenias	75	oz.
Bromid:	1 00	oz.
Carb: Præcip:	30	lb.
" Vallets	75	lb.
Citras	20	oz.
Ferrocyanuret:	12	oz.
Iodid:	75	oz.
Lactas	38	oz.
Limatura	20	lb.
Oxid: Hydrat:	50	lb.
Oxid: Nig:	10	oz.
Phosphas	60	lb.
Et Magnes: Citras	38	oz.
Et Potass: Tart:	75	lb.
Et Quin: Citras	1 25	oz.
Et Potass: Tart: (in Scales)	20	oz.
Sulphas Pur:	25	lb.
Tannas	62	oz.
Valerianas	3 00	oz.
FERRUM subtillissim:	25	oz.
" per Hydrogen (Quevennes)	50	oz.

FLORES ANTHEM:	$0 50	per lb.
Arnicæ	50	lb.
Lavand:	25	lb.
Rosæ Gallic:	1 50	lb.
FOLIA Aconiti, Eng:	1 00	lb.
Belladon: "	1 00	lb.
Conii "	75	lb.
Digitalis "	75	lb.
Diosmæ Crenat:	75	lb.
Hyoscyam: Eng:	75	lb.
Matico	12	oz.
Sabinæ, Eng:	75	lb.
" " Pulv:	1 00	lb.
Sennæ Alex:	38	lb.
Uvæ Ursi	25	lb.
FUCUS HELMINTHOCORTON	75	lb.
GALLA ALEPPO	50	lb.
" Pulv:	65	lb.
GLYCERINE	15	oz.
GRANVILLE'S LOTION	50	pint.
GUM: Acac: No. 1.	80	lb.
" No. 2.	60	lb.
" Pulv:	75	lb.
Ammoniac:	50	lb.
Benzoin:	75	lb.
Elemi	50	lb.
Galban: Cobat:	1 00	lb.
Gambogia	1 25	lb.
Guaiacum	50	lb.
GUM: Myrrha Turc:	68	lb.
" Pulv:	88	lb.
*Scammon: (Virgin)	75	oz.
" " Pulv:	88	oz.
Tragacanth:	75	lb.
Styrax	62	lb.
GUTTA PERCHA		
HIERA PICRA	75	lb.
HOOPER'S PILLS	75	doz.
HORDEUM PERLAT:	12	lb.
HYDRARGYRUM	1 50	lb.
Ammon:	12	oz.
Chlor: Mit:	1 50	lb.
Bichlor: Corros:	12	oz.
Bicyanid:	50	oz.
Cum Creta	20	oz.
Iodid: Proto	75	oz.
" Bin	75	oz.
Nitras Per: (acid)	25	oz.
Oxid: Rub:	12	oz.
Phosphat:	75	oz.
ICTHYOCOLLA Americana	1 00	lb.
Russic:		

*Aleppo Scammony has become so impure we do not price it. We had occasion to test a number of samples, and no one contained 5 per cent. of Virgin Scammony.

IODINUM (Resublimed) in 1 oz. Stop. Bot.	$0 62	per oz.
KINO	1 00	lb.
LACTUCARIUM	1 00	oz.
LICHEN Island:	15	lb.
LIGNUM Guaiaci Rasp:	12	lb.
Quass:	12	lb.
LINTEUM	1 25	lb.
LIQ: Ammon: Acet:	25	lb.
Plumb: S: Acet:	50	pint.
Donovani	1 00	pint.
Ferri Ternitras	1 00	pint.
Opii Sedativ:	1 00	pint.
Potass:	25	pint.
" Arsen: (Fowler's)	50	pint.
Sodæ Chlorinata, (Labarraque's)	38	pint.
LUNAR CAUSTIC Vid: Argent: Nit:		
LUPULINA	20	oz.
LYCOPODIUM	1 00	lb.
MACIS	1 50	lb.
MAGNES: Calc: Opt.	75	lb.
Carb:	30	lb.
" Sm: Squares	56	lb.
Citras: (effervescing solution)	2 25	doz.
Husband's	4 00	doz.
Henry's	8 00	doz.
Sulphas	06	lb.
MANGANESII Carb:	38	oz.
Chlorid:	38	oz.
Iodid: (solut:)	25	oz.
Oxid: (Black)	12	lb.
Oxid: (Red)	38	oz.
Phosph:	38	oz.
Sulph:	35	oz.
Tart:	25	oz.
MANNA, Small Flake	56	lb.
Large "	75	lb.
MANNITE	25	oz.
McMUNN'S ELIXIR	2 25	doz.
MEDULLA Sassaf:	50	oz.
MONARDINE	50	dr.
MORPHIÆ Acetas	4 00	oz.
Murias	4 00	oz.
Sulphas	4 00	oz.
MORPH: Valerianas	1 00	dr.
MOSCHUS		
MUCUNA, (Cowhage)	1 00	oz.
MYRISTICA	1 50	lb.
NAPHTHA	2 00	lb.
NARCOTINA	75	dr.
NUCIS VOM: Pulv:	38	lb.
OLEUM Amygd: Amar:	1 25	oz.
" Dulc:	50	lb.
Anethi Fœniculi	20	oz.
Anisi	20	oz.
Aurantii Cort:	20	oz.
Bergamii	38	oz.

OLEUM Cari	$0 25	per oz.
Cajuputi	25	oz.
Camphoræ	25	oz.
Caryophylli	25	oz.
Cassiæ	31	oz.
Chenopodii	38	oz.
Copaibæ	12	oz.
Croton: Tiglii	50	oz.
Cubebæ	38	oz.
Ergotæ	1 00	oz.
Gaultheriæ	38	oz.
Hedeomæ	20	oz.
Jecoris Aselli (in pint bottles)	5 00	doz.
Juniperi	75	lb.
Lavandulæ	12	oz.
Limonis	25	oz.
Menthæ Piperitæ	25	oz.
" Sativ:	25	oz.
Monardæ	20	oz.
Myristicæ Ess:	75	oz.
Olivæ Opt:	4 00	doz.
" Com:	25	pint.
Origani	75	lb.
Piper: Nig:	1 00	lb.
Pini Canadensis	75	lb.
Ricini	25	lb.
Rosmarini	75	lb.
Sabinæ	12	oz.
Sassafras	10	oz.
Succini Rect:	1 00	lb.
Tanaceti	20	oz.
Terebinthinæ	10	pint.
Valerianæ	1 25	oz.
OPIUM Turc: (variable)	5 00	lb.
" Pulv:	50	oz.
" Denarcot:	75	oz.
OPODELDOC, Liquid	1 00	doz.
Solid	1 00	doz.
OX GALL, Inspissated	31	oz.
PETROL: Barbadens:	25	lb.
PIL: HYDRARG: U. S. P.	1 25	lb.
PIPERINE	45	oz.
PIX Abietis	16	lb.
Canadensis	50	lb.
PLUMBI Acetas	16	lb.
Iodid:	1 00	oz.
Nitras	50	lb.
POTASSÆ Acetas	12	oz.
Arsenias	50	oz.
Arsenis	12	oz.
Bicarb: Cryst:	37	lb.
Bitart: Pulv:	25	lb.
Carb: (Sal: Tart:	15	lb.
Chloras	75	lb.
Citras	1 25	lb.
Nitras	12	lb.

POTASSÆ Sulphas	$0 16	per lb.
Sulphas Pulv:	25	lb.
POTASSII Bromid:	1 00	oz.
Cyanid:	12	oz.
Iodid:	5 50	lb.
Sulphuret:	50	lb.
PREPARED CHALK (See Calcis Carb:).		
PULVIS Antimonialis	06	oz.
Aromat:	25	oz.
Doveri	90	oz.
Seidlitz	28	lb.
QUINIÆ Acetas	4 50	oz.
Arsenias	6 00	oz.
Citras	4 50	oz.
Ferrocyan:	4 50	oz.
Iodid:	6 00	oz.
Lactas	6 00	oz.
Murias	4 50	oz.
Sulphas	3 50	oz.
Tannas	4 50	oz.
Valerianas	1 00	dr.
RADIX Aconit:	1 00	lb.
Actææ Racemos:	30	lb.
Arnicæ	1 00	lb.
Belladonnæ	1 50	lb.
Colchici, Eng:	50	lb.
Colombæ	20	lb.
Curcumæ Opt: (Turmeric)	25	lb.
Gentianæ	12	lb.
Geranii Maculat:	50	lb.
Glycyrrhizæ	10	lb.
" Pulv:	25	lb.
Hydrastis Canadensis	50	lb.
Ipecac:	1 75	lb.
Pulv:	2 00	lb.
Irid: Florent:	25	lb.
" " Pulv:	38	lb.
Jalapæ	88	lb.
Pulv:	1 00	lb.
Krameriæ	38	lb.
Parieræ Bravæ	1 25	lb.
Rhei E. I—— (best)	88	lb.
" Pulv:	1 06	lb.
Russic:	38	oz.
" Pulv:	50	oz.
Sanguinariæ	50	lb.
Sarsap: Contus:	28	lb.
Scillæ	25	lb.
" Pulv:	62	lb.
Senegæ	30	lb.
Serpentariæ	25	lb.
Spigeliæ	30	lb.
Stillingiæ	1 25	lb.
Taraxaci	30	lb.
Tormentillæ	38	lb.
Valerianæ, Eng.	50	lb.

RADIX Zingib: Jamaic: (scarce)	$0 50	per lb.
" " Pulv:	62	lb.
RESINA JALAPÆ	1 09	oz.
SACCHARUM LACTIS	60	lb.
SAGO PERLAT:	10	lb.
SAL: Rochelle	28	lb.
Prunelle	38	lb.
SALICINE	1 50	oz.
SANGUIS DRACONIS	1 50	lb.
SAPO Hispan:	18	lb.
Windsor (Brown)	12	cake.
SEIDLITZ POWDERS, in Tin Boxes	2 25	doz.
MIXTURE	28	lb.
SEMINA Anisi	15	lb.
Cardam:	1 50	lb.
Cari	20	lb.
Chenopod: Anthelm:	25	lb.
Colchici	50	lb.
Coriandri:	15	lb.
Cydoniæ	25	oz.
Fœniculi	15	lb.
Lini	08	lb.
Sinapis	15	lb.
" Pulv: Eng:	38	lb.
SODÆ Acetas	12	oz.
Arsenias	50	oz.
Arsenis	12	oz.
Biboras	25	lb.
Bicarbonas	12	lb.
Carbonas	06	lb.
Nitras Ref:	25	lb.
Phosphas	50	lb.
et Potessæ Tart:	28	lb.
Sulphas	06	lb.
SOLANUM DULCAMARA	25	lb.
SP: Ammon:	25	pint.
" Arom:	50	pint.
Æther: Nit:	20	pint.
" Sulph: Comp:	30	pint.
Lavand: Comp:	50	pint.
Vini: Gallic: (4th proof French Brandy)	3 00	gal.
Lavand: Simp:	50	pint.
SPONGIA (Prepared for Surgical use) various prices		
STRYCHNIA	75	dr.
Sulph:	75	dr.
SULPHUR Rotund:	06	lb.
Sublimat:	10	lb.
Iodid:	75	oz.
Sublimat: Lot:	15	lb.
Præcip: Pur:	75	lb.
SYRUPUS Althææ	75	lb.
Ferri Iodid:	1 50	lb.
" Citratis	1 50	lb.
Ipecac:	50	lb.
Limonis	3 00	doz.
Papaveris	50	lb.

SYRUPUS Prun: Virg:	$0 50	per lb.
Rhamni Cathart:	75	lb.
Rhei	50	lb.
" Aromat:	50	lb.
Sarsap: Comp:	50	lb.
Scillæ	50	lb.
" Comp;	50	lb.
Simplex	25	lb.
Sennæ	50	lb.
Senegæ	50	lb.
Tolutani	50	lb.
TANNIN	38	oz.
TAPIOCA	25	lb.
TARTAR EMETIC (Vid: Ant: et Pot: Tart,)		
TEREBINTHINA Venet:	30	lb.
TEST: OST: PRÆP:	75	lb.
TINCTURA Aconit: Rad: Concent:	12	oz.
Cantharidis	50	pint.
Castorei	1 50	pint.
" Ammon:	2 00	pint.
Cinchonæ	75	pint.
" Comp:	75	pint.
Guaiaci Ammon:	75	pint.
Iodini	75	pint.
" Lugols	75	pint.
Opii	75	pint.
" Acet:	1 00	pint.
Rhei et Sennæ	75	pint.
Valer: Ammon:	75	pint.
Varia	50	pint.
UNG: Hydrarg: U. S. P. (half Mercury)	1 25	lb.
" Nitrat:	50	lb.
Picis Liquidæ	50	lb.
Sabinæ	50	lb.
Stramonii	50	lb.
VACCINE VIRUS	1 00	scab.
VERATRIA	88	dr.
VINUM Album	2 00	gall.
Antimonialis	50	pint.
Colchici Rad:	75	pint.
" " (English from recent root)	1 50	pint.
" Sem:	75	pint.
Ipecac:	50	pint.
Rub:	2 00	gall.
Secale Cornut:	75	pint.
ZINCI Acetas	12	oz.
Carb: Præcip:	12	oz.
Cyanid:	75	oz.
Chlorid:	25	oz.
Iodid:	1 00	oz.
Oxid:	06	oz.
Sulphas	25	lb.
Valerianas	50	dr.

MEDICINAL WARES
PHYSICIANS' APPARATUS, &c.

FOR SALE BY

BULLOCK & CRENSHAW,

N. E. CORNER ARCH AND SIXTH STS.

PHILADELPHIA.

ADHESIVE PLASTER, Spread	$00 25	per yd.
ANATOMICAL JARS, various sizes		
BED PANS	1 25	each.
BLEEDING BOWLS	75	each.
BOTTLES, Narrow Mouth, with Stoppers accurately ground		
1 gallon	6 00	doz.
half gall.	3 50	
quart	2 38	
pint	1 75	
half pint	1 38	
4 oz.	1 [illegible]	
2 oz.	1 00	
1 oz.	90	
half oz.	90	
BOTTLES, Wide Mouth, with Glass Stoppers—		
gallon	9 00	
half gall.	4 00	
quart	2 75	
pint	2 00	
half pint	1 50	
4 oz.	1 25	
2 oz.	1 00	
1 oz.	90	
half oz.	90	
BOTTLES, Strong Green Glass, with Glass Stoppers, for Acids—		
half gall.	25	each.
quart	19	
pint	15	
half pint	12	
BOTTLES, Assorted, in Gross Boxes, see Vials.		
BOXES, Chip Nested, 12 Nests in a Paper	15	paper.
Paper " English	20	
BOUGIES, Elastic	1 25	doz.
" with Ivory Tips,	1 50	
Metallic		
Elastic (English very superior)	75	each.
BREAST Exhausters, Elastic	1 00	each.
Pipes	25	
Pumps	2 50	
BRUSHES, Cam. Hair, for Throat	60 to 1 00	doz.
Glass, for applying Nitrate of Silver	30	each.

CATHETERS, Elastic	$1 25	doz.
" with Ivory Tips	1 50	
Metallic (Silver)	1 25	each.
Elastic Curved (English very superior)	75	each.
COLLODION, in oz. Stop. Bot.	2 00	doz.
CORKS, Bottle and Vial, all sizes		
CORK PRESSES	75	each.
CORK SCREWS	25 to 50	cts.
COURT PLASTER	25	doz.
CUPPING GLASSES	1 25	
DOMESTIC INSTRUMENT for Self Injection, (Maws)	2 50	each.
EAR TUBES, Elastic (Horn mounted)	1 75	
" " (Ivory mounted)	3 00	
EYE GLASSES	20	
FILTERING PAPER, Stout English	88	quire.
Thin German	25	
FUNNELS, GLASS—		
half gall.	37	each.
quart	25	each.
pint	20	
half pint	18	
4 oz.	15	
2 oz.	12	
1 oz.	12	
FUNNELS, PORCELAIN, For Filtering hot liquids—		
half gall.		
quart	1 12	
pint	75	
half pint	50	
FUNNELS, GLASS, Separating, for separating Liquids of different Specific Gravities.		
quart	2 50	
pint	2 00	
half pint	1 75	
FUNNELS, QUEENSWARE, for Displacement—		
half gall.	1 50	
quart	1 25	
pint	88	
GALLIPOTS, 1 to 4 oz. four in a nest	08	nest.
GLASS, English, very thin, for Microscopic Preparations,		
GOLD BEATERS, Skin	75	doz.
GRADUATED MEASURES, Glass, Accurate—		
16 oz	1 25	each.
12 oz.	1 00	
8 oz.	88	
6 oz.	75	
4 oz.	62	
3 oz.	56	
2 oz.	50	
1 oz.	37	
Minim.	50	
HAIR GLOVES	1 00	pair.
HAIR BELTS	1 00	each.
HEIFERS' TEATS	1 25	doz.
HORN SCOOPS	1 50	

HYDROMETERS, Baume's Scale,		
These Hydrometers are made with great care by J. G. Grenier, a celebrated manufacturer in Berlin, and their entire accuracy may be relied on.		
For acids, syrups and liquids heavier than water, graduated from 0° to 68°	$3 25	each.
For Spirits, 10° to 49°	3 25	
For Ethers, 30° to 65°	3 25	
American, for acids, alcohol and ether, a good article,	1 25	
HYDROMETER JARS, for floating Hydrometers	50 to 75	
INHALERS, for administering Chloroform	75	
" " Iodine	38	
ISINGLASS PLASTER, (Husband's)	75	yd.
ISSUE PEAS	38	hun'd.
JARS, QUEENSWARE, Covered, English—		
quart	38	each.
pint	18	
half pint	1 25	doz.
4 oz.	1 00	
2 oz.	80	
1 oz.	65	
LABELS, Latin in books	1 50	
" " for specimens in Materia Medica	50	
LAMPS, SPIRIT—		
Tin (Mitchell's)	75	each.
Glass with Cover	50	
Brass with Apparatus for raising Wick	4 00	
Brass, (Rose's)	6 00	
LINT	1 25	lb.
MEDICINE CHESTS furnished to Order		
MORTARS, GLASS—		
half pint	50	each.
pint	75	
MORTARS, IRON—		
No. 1, half pint	37	
No. 2, pint	50	
No. 3, 1½ pint	62	
No. 4, quart	87	
No. 5, 3 pint	1 00	
No. 6, half gall.	1 37	
No. 7, 1 gall.	2 00	
MORTARS, WEDGWOOD—		
No. 000, 2 oz.	37	each.
No. 00, 3 oz.	40	
No. 0, 4 oz.	50	
No. 1, 6 oz.	56	
No. 2, 8 oz.	75	
No. 3, 12 oz.	88	
No. 4, pint	1 12	
No. 6, quart	1 50	
No. 8, half gall.	2 50	
NIPPLE GLASSES,	1 00	doz.
NIPPLE SHIELDS, wooden	1 25	
NURSING BOTTLES, various kinds.		
Cups	25	each.
OILED SILK	1 00	yard.

PALLETTE KNIVES, See Spatulas.		
PAPER WRAPPING, all kinds.		
PESSARIES GLASS, Disk	$2 50	doz.
" Globular	2 50	
Gum Elastic		
PLASTER IRON	1 00	each.
PILL MACHINES, Brass for 12 pills	3 50	
" " 24 "	5 50	
Tiles, Graduated	50 to 1 00	
POCKET CASES, Morocco, containing 1 dozen vials,	2 00	
PRECIPITATING JARS, Bohemian—		
half. gall.	62	
quart	37	
pint	31	
half pint	25	
RETORTS, GLASS, Plain and Tubulated, 1 oz. to 1 gall.	19 to 1 25	
RETORT STANDS, Iron, with 3 rings	1 50	
SADDLE BAGS furnished to order.		
SIEVES, Bolting Cloth, for very fine powders, 7 inch	37	
SPATULAS, Steel, English—		
8 inch	50	
7 inch	38	
6 inch	31	
5 inch	25	
4 inch	19	
3 inch	15	
Porcelain, for Acid Ointments	38	
SCALES AND WEIGHTS, Eng., very accurate	3 50	
Good	1 25	
SPECIE JARS, with Brass Covers—		
1 gallon		
half gall.	2 50	doz.
quart	1 50	
pint	1 25	
half pint	75	
SPECULUMS, for Uterus, Glass	50	each.
" Metallic		
Glass, coated on the outside with silver and re-covered with Gutta Percha, a new and very superior article	1 50	
SPECULUMS, German Silver, Trivalve	5 00	
" Quarto Valve	10 00	
" Bivalve, for the Anus	4 00	
" for Uterus, Bivalve,	4 00	
SPECIFIC GRAVITY BOTTLES, holding 1000 Grains of Distilled Water, with perforated Stopper and Counterpoise Weight	3 50	
SPEC. GRAV. BOTTLES, holding 100 grains Distilled Water as above	2 00	
SPEC. GRAV. BOTTLES, holding 1000 grains Distilled Water, without Stopper mark on Neck	1 00	
SHEEPSKINS		
SPONGE, Prepared for Surgical use		
STOMACH TUBES	1 00	
STETHOSCOPES	50 to 1 50	
SUSPENSORY BANDAGES	25 to 75	
SYRINGES, Glass, Male and Female, Metal Capped—Small	1 25	doz.

SYRINGES, Medium	$1 50	
Large	2 50	
Glass, Curved Neck, for Uterus	4 00	
" " Ear	3 00	
TEST TUBES, GLASS—		
Large	75	
Medium	50	
Small	37	
THERMOMETERS, Mercurial, 7 inch	62	each.
" " 8 "	75	
" " 10 "	88	
" " 12 "	1 00	
" Chemical	3 50 to 6 00	
TWINE, white wrapping	25	ball.
URINALS, Male and Female	38	each.
URINIMETERS, for testing the Specific Gravity of Urine, made of Glass, containing a delicate Ivory Scale	3 00	
VIALS, Assorted, octagonal, from ½ oz. to 8 oz., in gross boxes	2 75	gross.
" " Plain, long, from ½ oz. to. 8 oz., in gross boxes	2 25	

SURGICAL INSTRUMENTS, ETC.

AMPUTATING.

1 CAPITAL SAW
1 METACARPAL SAW
2 CAPITAL KNIVES
1 CATLINE KNIFE
1 PAIR ARTERY FORCEPS, with Slider
1 SCALPEL, Steel Handle
1 PAIR BONE NIPPERS
1 TOURNIQUET
12 CURVED NEEDLES
1 TENACULUM

$17 00 each.

In a neat Mahogany Case, Brass mounted.

TREPANNING.

2 TREPHINES
1 ELEVATOR
1 HEY'S SAW
1 SCALPEL, with Raspiter
1 BRUSH

$10 00 each.

In a neat Mahogany Case, Brass mounted.

MIDWIFERY.

1 PAIR FORCEPS
1 VECTIS
1 CROTCHET
1 PERFORATING SCISSORS
1 BLUNT HOOK

$10 00 each.

In a neat Leather Case.

DISSECTING.

6 SCALPELS 1 SINGLE HOOK 1 DOUBLE HOOK, with a Joint 1 PAIR FORCEPS 1 SILVER BLOW PIPE 1 PAIR SCISSORS	$3 50 each.

In a neat Mahogany or Morocco Case.

EYE INSTRUMENTS.

2 KNIVES 1 IRIS KNIFE 2 NEEDLES, Curved and Straight 1 CURETTE AND HOOK 1 SILVER SPECULUM 1 PAIR FORCEPS 1 PAIR CURVED SCISSORS	$9 00 each.

In a neat Case.

CASE OF EXTRACTING INSTRUMENTS.
WITH IVORY HANDLES.

1 FOX'S SPRING BOLT KEY 2 PAIR TEETH FORCEPS, Curved and Straight, Double Joints 1 TOOTH PUNCH 1 GUM LANCET	$4 50 each.

In a neat Leather Case.

With Ebony handles, ... $3 75

POCKET INSTRUMENTS, NO, 1.

1 PAIR CROOKED SCISSORS 1 PAIR STRAIGHT " 1 PAIR DRESSING FORCEPS 1 PAIR DISSECTING " 1 DIRECTOR 1 SPATULA 2 SILVER PROBES 1 TONSIL FORCEPS 1 CURVED Probe Pointed BISTOURY 1 Large SCALPEL 1 GUM LANCET 1 ABSCESS LANCET 1 TENACULUM 1 Small SCALPEL 1 STRAIGHT SPEAR BISTOURY 1 SILVER FEMALE CATHETER 1 PHYSICK'S FORCEPS AND NEEDLE 1 THUMB LANCET 6 CURVED NEEDLES	$8 00 each.

In a neat Morocco Case, with a Lock.

PHLEBOTOMY.

SILVER SPRING LANCET, Button Trigger	$3 50	each.
" " Lever	3 00	
BRASS " " "	75	
BRASS HORSE " "	1 50	
THUMB LANCETS	38	
LANCET PHLEMES	12	
IMITATION SILVER SPRING LANCETS,	1 50	
" " Button Trigger	2 00	

AMPUTATING AND TREPANNING.

In one Case	$26 00	each.

CUPPING INSTRUMENTS.

1 BRASS PUMP, or EXHAUSTER
5 CUPPING GLASSES } $3 50 each.

In a neat Mahogany Case.

With German SCARIFICATOR	5 50
" American "	7 00
CUPPING INSTRUMENTS, as above, with stopcocks to glasses	4 50
do. with German SCARIFICATOR	6 50

SURGICAL INSTRUMENTS OF ALL KINDS,
FURNISHED TO ORDER.

MISCELLANEOUS.

SCARIFICATORS, American	3 50	each.
" Small, with several blades	3 50	
" German	2 00	
OBSTETRICAL FORCEPS, Hodge's	5 00	
" " Huston's	5 00	
" " Heighton's	5 00	
" " Davies'	5 00	
BRASS CUPPING AND STOMACH PUMP with Injecting Apparatus and 6 Glasses combined, Mahogany case	10 00	
BRASS STOMACH PUMP and Injecting Apparatus combined, in a Mahogany case	7 00	
BRASS ANATOMICAL SYRINGE, 36 oz. with 7 pipes	16 00	
1 BRASS PUMP and Breast Glass, in a neat Case	3 25	

METALLIC SYRINGES, BEST QUALITY.

24 oz. SELF INJECTING, in Cases	$2 25	each.
16 oz. " "	1 50	
10 oz. " "	1 25	
6 oz. not Self Injecting, in Cases	75	
24 oz. " no cases	1 75	
16 oz. " "	1 25	
10 oz. " "	75	
6 oz. " "	56	
4 oz. " "	38	
2 oz. " "	31	
1 oz. " "	15	
MAW'S SELF APPARATUS	2 25	

METALLIC SYRINGES, MEDIUM QUALITY.

24 oz.	SELF INJECTING, in Cases	1 75	each.
16 oz.	" "	1 25	
10 oz.	" "	1 00	
6 oz.	not Self Injecting, in Cases	56	
24 oz.	" no cases	1 25	
16 oz.	" "	1 00	
10 oz.	" "	62	
6 oz.	" "	38	
4 oz.	" "	31	
2 oz.	" "	25	
1 oz.	" "	12	

METALLIC SYRINGES, THIRD QUALITY.

24 oz.	SELF INJECTING, in Cases	1 00	
16 oz.	" "	88	
10 oz.	" "	75	
6 oz.	not Self Injecting, in Cases	38	
24 oz.	" no cases	75	
16 oz.	" "	62	
10 oz.	" "	50	
6 oz.	" "	31	
4 oz.	" "	25	
2 oz.	" "	20	
1 oz.	" "	10	

WOMB SYRINGES, BEST QUALITY.

6 oz.	Ring Handles, in Cases	1 00
6 oz.	Wood " "	1 00
4 oz.	Ring " "	90
4 oz.	Wood " "	90
2 oz.	Ring " "	75
2 oz.	Wood " "	75
DOCTOR CHASE'S VAGINA,	with Cases	1 12
FEMALE		15
MALE		10
EAR,	with Ivory Pipe	31

SKELETONS,

IN NEAT BOXES, WITH LOCK AND KEY.

SKELETONS,	Articulated and Bleached	$40 00 each
SKELETONS,	Articulated, not Bleached	30 00
SKELETONS,	Disarticulated and Bleached	20 00
SKELETONS,	Disarticulated, not Bleached	15 00
HEADS—Sawn and furnished with moveable articulations. The sections exhibiting the Nasal, Frontal and Spheroidal Sinuses, and the Antrim Maxillare. Also, the Internal Ear with apparatus of bones, muscles, memb: tympani, nerves and vessels. A complete and beautiful preparation		$18 00
HEADS—Disarticulated. The Bones separated, and contained in the compartments of a pasteboard box		10 00
HANDS and FEET Articulated on catgut. The bones can be separated on the strings, so as to admit of the inspection of each. By drawing the string they are all brought into position		2 50
FEMALE PELVIS,	with Ligaments	10 00
FŒTAL HEADS		2 00

ANATOMICAL PREPARATIONS

OF ALL KINDS, IMPORTED TO ORDER.

We subjoin a list of a few, with the cash prices for importing to order: When the order amounts to one hundred dollars or more, it will be imported immediately, otherwise it will be retained on hand until we are getting other goods from Paris, which will probably be several times a year.

HEADS entire, Articulated	$5 00 to $ 8 00
" " Disarticulated	6 00 to 10 00
" " " and remounted with the bones separated by short intervals, (style Beauchene)	50 00
HEADS, Sawn, with preparations of internal and middle ear	15 00
" with horizontal and vertical sections	8 00
Preparation of the INTERNAL EAR	5 00
" " MIDDLE EAR	3 00
14 TEMPORAL BONES, demonstrating the history of the Ear	55 00
FEMALE PELVIS, with Ligaments	8 00 to 10 00
FŒTAL HEADS	2 00
HANDS or FEET, Articulated	1 50 to 2 00
" " (style Beauchene)	6 00
FŒTAL SKELETONS	7 00
Series of nine FŒTAL SKELETONS	50 00
HISTORY OF DENTITION, from the fœtal condition to old age, exemplified by 22 Preparations, under Glass	150 00
JAW in Childhood, from 1st to 2d dentition	6 00 to 8 00
TEETH, Natural, a complete Set, wired	6 00 to 8 00
PHRENOLOGICAL HEADS (natural)	7 00 to 8 00
HEADS OF CHILDREN, during 1st and 2d dentition	8 00
SAWN HEADS, upon Supports, under Glass	10 00
FŒTUS, Disarticulated, within a Frame	10 00
MANIKINS, for the Study of the mechanism of Labor	30 00 to 50 00
HEADS, with Nerves, Arteries and Veins	60 00
HALF FACE, vertical section, with 5th pair of nerves	10 00
" arteries, internal maxillary	10 00
EAR, with its dependencies, nerves and vessels	10 00
HEAD, with preparations of the dura mater	10 00

AN ASSORTMENT OF THE SKELETONS OF ANIMALS.

HEADS OF ANIMALS, Disarticulated and Mounted, in the style Beauchene, &c. &c.

CHESTS containing a complete set of PURE CHEMICAL REAGENTS, with the necessary Apparatus for Chemical Analysis.
Also, CHESTS for TOXICOLOGICAL research.

Terms CASH, with 5 per cent. discount, or credit with approved reference.

DR. KINNE'S

IMPROVED SELF-OPERATING

MAGNETO-ELECTRIC MACHINE,

FOR MEDICAL PURPOSES.

The following cuts represent perfect and self-operating Magneto-Electric Machines, and combine all the powers and facilities that can be desired by the medical practitioner for a medical agent of great value, and capable of being varied so as to give all the various medical results of a common Electrical Machine, or a simple Galvanic Battery, by varying the helix.

No batteries or acids are needed, and no person required to turn a crank. It also regulates itself so as to obtain the desired velocity, to get a proper current for the most efficient use, and with careful usage will always remain in order.

The production of the Machine, and a full knowledge of what is required of it, is the result of an eight years' continual use of it in a general and special practice of the medical profession.

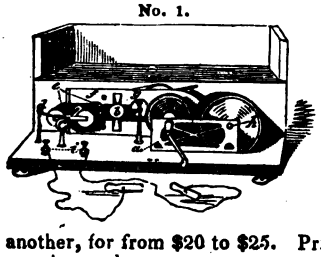
THERE ARE FIVE FORMS OF THE INSTRUMENT,

All designed expressly for medical use. Three of them are Magneto-Electric, or derive their powers from permanent magnets, and no batteries or acids are used; and two of them are Electro-Magnetic, or derive their powers from two metallic substances and an acid, and so arranged that they may be called dry batteries, and so as to be worn about the person, and the patient about his business, and the machine in continual use and application to the diseased part or limb.

To give a more minute description of each, it may be proper to number them, and set them off in such manner as each one shall be understood by itself.

No. 1, IS A SELF-OPERATING MACHINE,

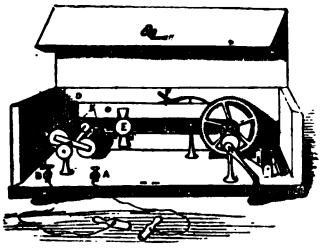
No. 1.



Of the largest size ever required by the physician for medical use. Powerful in its current and strength, as much so as any man can bear, and yet capable of being so modified as to be borne with impunity by the most delicate infant without difficulty. Will be put up in plain black walnut, mahogany and rosewood cases, eight inches long, four inches wide, and four deep, and warranted perfect and to be always in order, except violence be used; perfectly portable, and run one side up as well as another, for from $20 to $25. Printed directions for running and using accompanying each.

No. 2, IS ALSO A GOOD AND POWERFUL MACHINE,

No. 2.



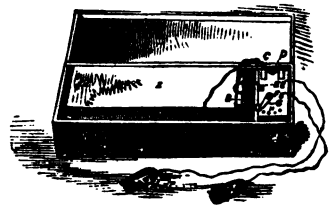
Power obtained from permanent magnets, and is self-operating by a weight or crank, at the pleasure of the operator. Also warranted perfect, and to keep in order from natural use. Price from $10 to $15.

No. 3, IS A MAGNETO-ELECTRIC MACHINE,

Also moved by a spring, more portable and less powerful, but still effective. Four inches long, two wide, and two inches deep, which can be carried in the pocket, and is always as ready for service as your watch when wound up, and all are designed to run as long as we would want them to, for any one application to a sick person. From $10 to $15.

No. 4, IS AN ELECTRO-MAGNETIC ARRANGEMENT,

No. 4.



With a dry or portable battery, which gives an interrupted current, or slight shocks, like the former, and runs from two to four hours, and can be worn on the person and continually in action and application. Is three and a half inches long, one inch deep, and two and a half to three inches wide. Price, $5 to $8.

No. 5, IS A DRY BATTERY,

To be continually worn on the person, and one pole or both to the diseased part, and the other as directed. Gives no shock, but furnishes a continuous current through the body or limbs, as the physician directs, and is to be worn at any and all times, in the bed or about your business. When applied it is like a belt, and fastened about the person, and the poles are led off to the parts to which it is desired to apply it. Price from $3 to $5.

It may be proper here to say, that during the last eight years we have been daily in the use of instruments of this kind, and find the fact established with us, that if instruments designed for medical use, are not constructed with reference to a due relation of quantity and intensity, they are comparatively unfit for medical use, and in many cases will aggravate some forms of nervous irritability, as is the case with the old electrical machines, consisting of the glass cylinders and Leyden jar, and that hard and powerful shocks, except in those cases of paralysis, where sensation and motion are both suspended, are never desirable; but rather to be avoided, and that in the great majority of cases, the benefit desired is not measured by the strength of sensation of the shock, but by the relative degree of quantity in the mechanical construction of the machine, which mere artists or mechanics, who are, for the most part, the ones that get up these things, cannot know; hence a great proportion of the machines are comparatively worthless

that are found in market, and hence, too, there are many more disappointments in their use than need be, when scientifically constructed for a remedial agent, as well as to sell.

We also observed in the Dec. No. of the Lancet, the remarks of Dr. Golding Bird to the same point, which were well timed and much to the point, on the subject of quantity and tension in the construction of the instrument, to which we would refer those interested in examining the subject.

The above machines will be furnished at the named prices, all warranted perfect, when ordered, put up securely and delivered to any express agency directed in the city of Philadelphia, when the money accompanies the order, directed to BULLOCK & CRENSHAW, who are sole Agents for Philadelphia.

Charles M. Allen, M.D., Resident Surgeon of the New York Hospital, says of the above Machine, that "I have examined the Magneto-Electric Machine of Dr. Kinne's, and have employed it in surgical cases under my charge. I have been much pleased with its action, and consider that in convenience and readiness of application it has no superior."

I have examined Dr. Kinne's Magneto-Electric Machine, and consider it well adapted for medical purposes, possessing the advantage of operating without either chemical solutions or labor, and being capable of being wound up like a watch and giving a continued action, of an intensity easily regulated, for nearly half an hour. I regard it as superior to any machine now in use.

LAWRENCE REED, Professor of Chemistry.

New York Hospital, Dec. 2, 1851.

DR. KINNE,

DEAR SIR:—I have for some time past been using your Magneto-Electric Machine, for medical purposes, and am happy to say that I think it the most perfect thing of the kind now known, and the quality of the agent better than that derived from batteries formerly in use, and having the advantage of being always available in a moment's time.

I am yours, &c. respectfully,

T. JEFFERSON STOUT, M.D.

New York, Dec. 15, 1851. No. 130 Prince street, N. Y.

DR. KINNE,

DEAR SIR:—I have examined your self-operating Magneto-Electric Machine for medical purposes, and consider it to possess several advantages over all other forms of the instrument which have fallen under my notice for the same purpose.

WILLIAM H. ELLET, M.D.,

New York, Jan. 22, 1852. No. 14 Cottage Place.

The above Machines are approved by all the public institutions of New York, and about to be introduced into the Army and Navy as best and most convenient, and are universally adopted by the New York Faculty.

THE

NEW JERSEY MEDICAL REPORTER.

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On Coffee—its Medicinal, Disinfecting, and Dietetic Properties. By JAMES PAUL, M. D., Trenton. Read before the Mercer County Medical Society.

IT is not only interesting, but of great practical importance, to make one's self acquainted with the qualities and virtues of any substance which may be in general use, either as a medicine or an article of food. The quantity of coffee imported into this country, amounting in value to $8,199,129, or, on a rough average, of from one hundred to one hundred and fifty millions of pounds in weight, and about the same value in teas, would indicate a very large consumption of both these articles.*

Nor is the supposition fallacious; for we are aware that coffee, as well as tea, is most extensively used all over this country; and not only as a beverage with the morning or evening meal, but, in many instances, they are made a principal article of food, and introduced at breakfast, dinner, and supper. It is when they are used in this manner, and to an extent which cloys the appetite, and prevents the due consumption of more nutrient food, that the use of tea or coffee becomes injurious to the system. While it satisfies the demands of the stomach, and serves in a *negative* manner the purposes of a more nourishing aliment, it does not possess the nutrient constituents necessary for the support of the frame; indigestion and emaciation follows; and the individuals lose the robust health a more nutritious diet might enable them to enjoy. I design, with your permission, to occupy a brief portion of our time, this afternoon, with an examination

* The importations in 1850 (the exportations being deducted), coffee, $12,515,070; tea, $3,468,141.

into the virtues of coffee as a therapeutic and disinfecting agent, and as an article of diet.

Coffee, used as an aliment in families, is an infusion of the kernel or seed of the coffee-berry, derived from the coffee-tree, the *Coffea Arabica;* cultivated, as the name implies, in Arabia, in Persia, the East Indies, and islands in that quarter of the globe, the West Indies, and South America. It is said that "the true name is Caffé, from *Caffa*, a province in South America, where the tree grows spontaneously in great abundance." We are also told "it derives its name from *Kofuah*, a mixing together, Hebr. so called from the pleasant potation which is made from its berry." And again, on the authority of an Arabic MS., "Coffee comes from the Arabic word *Kahwa*, loathing. It was first employed at Mecca, in the exercises of religion, to drive away sleep from those who watched at night; but was probably a common drink among the people of Yemen long before being introduced among the followers of the Prophet. By the end of the ninth century of the Hegira, it had become a favorite drink all over Arabia. It was sold at Mecca and Cairo in coffee-houses; which, becoming the resort of gamblers and idlers, brought it into disrepute. Coffee was denounced by philosophers, physicians, and cadis. Great discussions arose, and more than once its sale was forbidden; the coffee-pots were broken, and the venders of the supposed poison were mercilessly bastinadoed. Nevertheless, the number of its admirers increased, and, through good and evil report, wrote poems and songs in its praise."

The coffee-tree, as cultivated in the West Indies, is either allowed to grow up, or it is more usually topped, causing the lower lateral branches to spread out into a bushy umbrella-form. This latter is by far the most convenient for picking. As the berry or fruit becomes ripe, it is picked off the tree or shrub. The seed or kernel, the coffee, so called, being inclosed in a pulpy covering or *pericarp*, of the size of a good-sized gooseberry, or small plum, which reddens, like a cherry, as it becomes ripe.

This pulpy covering is either taken off by machinery with plenty of water, in its wet state, or it is allowed to dry, and is then broken and winnowed; the thin membrane covering or adhering to the coffee-berry or kernel, is then rubbed off, and the

individual grains, of which there are two in each of the fruit, being dried, and clean-picked, are ready for market.

I need scarcely enter into the manner in which it is prepared for food, inasmuch as this is supposed to be thoroughly understood by every housekeeper; yet there are few indeed of the many who either understand or care in what manner this is performed; whether the fine aroma of the berry is retained or destroyed; whether it is made by displacement or by boiling; whether it is an infusion or decoction; or whether we have an aromatic cordial, or a compound at once bitter and disagreeable to the taste.

However much the use of coffee has been cried down by some, and even made the subject of discourse by itinerant lecturers—who, generally possessed of but one idea, move from place to place, giving vent to some theory which they may have adopted, promulgating the same as the only means by which health can be secured, disease prevented, life preserved, and death itself averted—yet it has been very long in general use in foreign nations; and, from having been in the first place a luxury, has now become in England and in this country almost a necessary of life. Can we account for this? Let us examine its constituents, and in what manner coffee acts on the human system, and then we shall be better able to understand whether it is poisonous and pernicious, or whether it is endowed with remedial virtues and nutrient qualities—whether hurtful or beneficial to the human frame.

And, first, of its therapeutic virtues.

Coffee has been recommended to relieve obstinate spasmodic asthma; and for this, one ounce of the strong infusion was directed to be taken without milk or sugar, for a dose; the same to be repeated, fresh made, in a quarter or half an hour.

As an antifebrifuge it has long had a high character; particularly when drank early in the morning. For this purpose those living in marshy situations in a tropical climate hold it in high estimation. And we are told that in Batavia it is used in place of quinine.

In headache from weakness of stomach, contracted from sedentary habits, close attention, or accidental drunkenness, if coffee

can be drank within an hour after dinner, it is said to be of singular use. And in *idiopathic migraine*, attended with great depression of spirits, a physical and moral prostration, the *citrate of caffeine* has been spoken of by M. Hannon in the highest terms.

In diarrhœa and infantile cholera, Dr. Pickford speaks highly of its great importance and valuable effects. His plan is to infuse from one-half a scruple to two scruples of coffee in two ounces of water, adding one ounce of syrup, and giving a large spoonful every hour.

The benefit of coffee has been extolled in bilious diarrhœa, when given in small doses; but it has a purgative effect in large doses.

In hooping-cough, Dr. Jules Guyot has lately recommended the use of coffee as a remedy. He states, that "*café à l'eau*, hot and well sugared, in suitable doses, taken four times daily, or oftener, will cure in two to four days the most obstinate cases." The knowledge of the efficacy of coffee in hooping-cough, Dr. Guyot states, was accidental, but since then he has successfully used it in sixty cases.

It is apparent from what has been already stated that, as a medicine, coffee is valuable, and would be perhaps more used for its remedial effects were its virtues more known, and not merely looked upon as an article of diet. How far the following may be relied on I am not prepared to say, but I consider the communication worthy of notice. It is taken from the *Southern Medical and Surgical Journal*, for 1835. "Almost every mother has observed the different influences of tea and coffee in the function of lactation; and mothers abounding in excess of this secretion, have found that the liberal use of coffee has not only failed to produce, like tea, an increase; but, on the other hand, has with great uniformity tended to lessen the quantity. So well observed has this fact been, that nursing-women, wishing to dry or lessen their lactation, have learned to adopt the use of coffee as a diet; and, on the contrary, to live liberally on tea when they desire an increase."

We proceed now to the disinfecting or rather effluvia-destroying property of coffee. "Coffee," says a writer in the *Medical*

Gazette, 1849, "is one of the most powerful means not only of rendering animal and vegetable effluvia innocuous, but of actually destroying them. A room in which meat in an advanced degree of decomposition had been kept for some time, was instantly deprived of all smell, on an open coffee-roaster being carried through it, containing a pound of coffee newly roasted. In another room, exposed to the effluvium occasioned by the cleaning out of a dung-pit, so that sulphuretted hydrogen and ammonia in great quantity could be chemically detected, the stench was completely removed within half a minute, on the employment of three ounces of fresh roasted coffee. Even the smell of musk and castor, which cannot be overpowered by any other substance, is completely dispelled by the fumes of coffee. It was remembered, however, that, in general, animal effluvia was more readily affected by it than vegetable."

This very valuable property of coffee may at all times be used with the utmost advantage, when other effluvia-destroying agents may not be easily procured. The author of this interesting notice, in explanation of the *modus operandi*, states: "That here an actual neutralization, and not a mere envelopment of matter, takes place, is shown from this—that the first fumes of the coffee were imperceptible, and continue so till a point of saturation, so to speak, is reached, whereupon the obnoxious smell disappears, and that of coffee predominates."

In a very interesting paper, read before the Medical Association, "On the Influence upon Health of the introduction of Tea and Coffee in large proportion into the dietary of children and the laboring classes," Dr. Jackson enters very fully into the merits of the substance as an article of diet. He first points out that, "of the aliment that is adapted to healthy nutrition, one-eighth part only consists of albumen, or its protein compounds, or their derivative compounds; and whatever is devoid of those substances—that is, the chemical combination of carbon, hydrogen, nitrogen, and oxygen, in the proportion to constitute protein ($C_{40}H_{30}N_8O_{12}$) or albuminous compounds, cannot perform the office of food, or be fitted for nutrition."

Dr. Jackson alludes to an error very frequently made, relative to the nutritious properties of substances containing nitrogen.

1829; and the same season he obtained license to practise physic and surgery, under the hand and seal of our respected friend, Dr. Jephtha B. Munn, then President of the Medical Society of New Jersey. Dr. Nichols immediately opened an office in his native town, and was rapidly growing into public favor and confidence, when, his many excellent qualities becoming known to Dr. John S. Darcy, then as now a successful and popular physician in the place, a proposition was made to him by that gentleman to enter into business connections with him. This proposition was accepted; and the relation thus happily established was continued, with mutual satisfaction, until about three years since, when Dr. D. temporarily withdrew from practice, to visit a remote part of the country. I do no injustice to that gentleman—indeed, I know I but reflect his own generous sentiment, when I say that, while the relation subsisted, Dr. D. derived no less valuable aid from the science and discriminating judgment of his colleague, than from the alleviation afforded him of his physical labors.

Dr. N. had for several years been suffering from symptoms of bronchial and pulmonary disease. As long ago as the year 1837 he was obliged, for a season, to relinquish his practice, and repair to the West Indies on account of impaired health. After a short sojourn, he returned partially restored, and resumed his professional duties; and, though his energies were for years oppressed by the insidious disease which was wasting him, he continued in the faithful discharge of those duties until within a few months of his decease. In the month of July last, he was compelled, by increasing physical exhaustion, to seek the seclusion of his chamber; where, solaced by those assiduous attentions that devoted affection knows so well how to bestow, and cheered by the hopes which, founded on an unwavering faith, can scatter radiance even amid the gloom of the chamber of death, on the 9th day of December last, in the 45th year of his age, he insensibly, and without a murmur, sank into his last repose.

It would be a grateful task, Mr. President, to dilate at length on the many virtues that adorned the character of our deceased friend; but the large amount of business which must be crowded into the few hours we can be together, forbids more than a brief

reference. I have already alluded to his fidelity, even when fatal disease was preying upon him, to the demands of professional duty; and I may add, that he never considered that duty discharged when he left the bedside of his patient. Every case was carried to the retirement of his study, and there, all its varied phases and relations were estimated and weighed by a mind disciplined by severe training, and well-stored with pathological and therapeutic knowledge. As a necessary consequence, he acquired a remarkable accuracy of diagnosis, became eminently successful as a practical physician, and attained a place in the confidence of his medical brethren, which always secured for his opinions and counsel the most respectful consideration.

Dr. N. was a sincere lover of his profession. Every discovery that promised to promote its advancement and add to its resources, he hailed with lively interest; while his constitutional caution and truly conservative spirit led him to resist every innovation which was not founded on scientific investigation or enlightened experience. The medical societies of the State and county had no warmer friend. The various measures from time to time contemplated with a view to extending their usefulness, he always regarded with anxious concern; and in the recent revision of the fundamental regulations of this Society, though his temperament disinclined him to mingle in the discussions on this floor, his counsels, sought and prized by those on whom circumstances imposed the duty, exerted an important influence.

Dr. Nichols was a ripe scholar. Proficient in every department of academic learning, he was especially distinguished in the mathematical sciences, toward which his natural tastes disposed him; and to the early discipline of his mind in those abstract studies was doubtless, in large measure, due the deliberation and nice discrimination which formed such prominent traits of his professional character. Nor was Dr. N. wanting in literary acquirements. Though he published but little, he had a cultivated taste and a just appreciation of the power of language, used it with great precision and propriety, and wrote neatly, forcibly, and well. The address he delivered on his accession to the vice-presidency of this Society—which office he held at the *time of his decease*—on the diseases incident to old age, affords

a favorable specimen of just sentiment happily expressed, conjoined with a geniality of feeling which reflects no less honor on the impulses of his heart than do the thoughts it embodies on the character of his mind.

Dr. Nichols was a man of decided religious sentiments. In the year 1831 he made profession of the Christian faith, and through the remainder of his life he adorned that profession by a consistent though unostentatious walk and conversation. He early connected himself with the church of his ancestors, and ever maintained, in its integrity and purity, an unwavering attachment to its excellent system of doctrine and discipline.

Dr. Nichols was remarkable for his candor and sincerity. Envy and suspicion, the vices of narrow minds, formed no part of his composition; but a high sense of honor and courtesy characterized all his intercourse. If there ever was one of his medical competitors, towards whom he exhibited or entertained an unkind feeling; if there ever was one who entertained an unkind feeling towards him, it has not been my misfortune to know him. In all the relations of domestic and social life in which it was his lot to stand, his deportment was exemplary. He was an affectionate husband, a devoted son, a faithful friend. May it be our aim, while we cherish his memory, to emulate his virtues; and may it be as truly said of each of us, when we shall successively follow him to man's last bourne, as it can most emphatically be said of him, that he died a scholar, a gentleman, and a Christian.

I am requested, Mr. President, by my colleagues, to present the following resolutions:—

Resolved, That the Society have heard, with unfeigned regret, of the death of Dr. Whitfield Nichols, for many years a valued member of the profession, and at the time of his decease one of the Vice-Presidents of the Society.

Resolved, That while we mourn the loss that this Society and the community in which he resided have sustained in his decease, we would record with grateful emotion our high estimate of his many virtues, and hold before our minds for imitation that union of unaffected modesty with professional excellence by which the deceased was distinguished.

Resolved, That the foregoing resolutions be placed on record in the Mi-

nutes of the Society, and that a copy of the same be sent, with the respectful sympathies of the Society, to the family of the deceased.

The following preamble and resolutions having been received, we cheerfully give them insertion, as we are always glad to place on record every memorial of the worthy dead that may stimulate the living to deeds of virtue. We remember Dr. Nichols for his gentleness of disposition, and cherish his amiable example as worthy of imitation.—ED.

MESSRS. EDITORS: At a recent meeting of the Cliosophic Society of the College of New Jersey, the following preamble and resolutions were adopted:—

Whereas, The Cliosophic Society has heard with unfeigned regret of the death of one of its graduate members, Dr. Whitfield Nichols, of Newark, N. J.; therefore

Resolved, That we offer our kindest sympathies to the family and friends of the deceased, afflicted as they must be by the loss of one so well calculated to endear himself to those with whom he associated.

Resolved, That we consider his example, whether in the practice of his arduous profession, or in his duties as a citizen and a Christian, as well worthy to be followed by each of us.

Resolved, That a copy of these resolutions be transmitted to the family of the deceased, and that they be published in the *Newark Daily Advertiser* and *New Jersey Medical Reporter*.

By Order of the Society.

Feb. 21, 1852.

Leaves from my Note-Book. By J. HENRY CLARK, M. D., of Newark, N. J.

No. 1.

CASES fall under the observation of every physician which, if properly observed and carefully recorded, would materially serve to promote the advance of medical knowledge. It is a subject of regret to me that I have not more fully adopted the course which I suggest. Among the cases which I find recorded in my note-book, there are several, it appears to me,

which might be deemed by the readers of your excellent journal to be worthy of publication. Such records are valuable to the physician, because they impress upon his mind facts which would otherwise be crowded out by a press of professional duties, and because they furnish data to which he may afterwards refer with profit. The publication of facts is far more likely to prove interesting than the elaboration of theories, to illustrate which cases have been carefully looked up and adapted. There are undoubtedly daily developments, within the sphere of our observations, which illustrate truths yet half revealed, that by and by are to take their places among those well known and appreciated. To anticipate that period, and to aid in the development of important practical truths, is the bounden duty, I apprehend, and high privilege of all who, holding mainly to the faith of our medical fathers, would assist in elevating, upon the *very same* immortal *foundation*, the ever admired but ever unfinished structure of medical science. Like the kindred profession of divinity, the great principles of medicine lie so much deeper than the theory or practice of its professors or teachers, that new and conflicting doctrines will forever continue to spring up to the scandal of the profession, and the confusion of every serious inquirer after knowledge.

CASE I.—Illustrates the evil influence of mesmeric experiments upon susceptible subjects, who unfortunately are most readily influenced by their manipulations.

Miss D., aged 18, of feeble constitution, wearing a sallow, cachectic countenance, of very nervous habit, consulted me in the spring of 1848 on account of habitual irregularities of menstruation. Tonics and a prudent regimen restored her usual health. During January, 1849, she fell into the hands of a mesmerizer, who found her a "good subject." His manipulations were frequent, and she seemed to suffer more and more after each visit of her operator, till at length, *Feb.* 18*th*, I was called to prescribe. Found my patient sitting in an easy-chair, her shoulders violently jerked from side to side continually, with shuddering aguish sensations, unable entirely to control the motions of the body. Her lower extremities were less affected,

but she dare not trust herself upon her feet, nor could she control their action. Her countenance was sallow, pinched, and anxious. She complained of great difficulty of breathing, and a "strange feeling about the head," and an "inward motion." I was assured by her friends that no such symptoms were ever observed before the experiments were made upon her nervous susceptibilities; and upon careful inquiry, I learned that, ever since these operations, these or like symptoms in a far less degree had been observed, and flippantly accounted for by the quack. The most unpleasant symptom in her case occurred in violent paroxysms of a few moments' continuance, between which there was a period of quiet. As these paroxysms came on, a young lady who had frequently seen her mesmerized, who sat by, remarked: "That is just the way she always acts when he is bringing her out of it." Considerable questioning elicited the information that of late she had many other hysterical symptoms in connection with her mesmerizing. Her bowels were torpid. There was considerable tenderness on pressure upon the bodies of the third, fourth, and fifth cervical vertebræ. The patient was very dyspeptic.—Ordered a cathartic and a blister to be applied on each side of vertebral column—also gave antispasmodics.

19*th*. There was evident improvement.

20*th*. Improvement still continues; ordered tonics in addition, and directed that she should not see the mesmerizer, nor be spoken to of him, for I learned that she had seen him, which excited her greatly. Talking of him seemed to produce excitement and an aggravation of her symptoms.

22*d*. While sitting by her she was seized with an attack of opisthotonos, and sunk backward from her chair upon the floor. These convulsions were purely of an hysteric character, and there was a momentary want of consciousness. Administered a strong solution of gum assafetida, valerian, ether and ammonia, to her considerable and speedy relief.

23*d*. Complained of difficult breathing, confusion of mind, and "globus hystericus;" says: "I cannot think;" laughed commonly without reason.

To detail the symptoms for the next five days would be but to

enumerate the prominent symptoms of almost every disease to which our race is subject.

Ordered quinine, in increased doses, with antispasmodics, placing reliance principally upon assafetida to fulfil the indications for this class of remedies.

March 1*st.* Found my patient decidedly improving.

6*th.* Her improvement was stayed by a severe paroxysm, in consequence of some error in diet. The pulse was very feeble; ordered London porter in small and oft-repeated doses.

13*th.* Very considerable improvement.

April 1*st.* Improvement still manifest; countenance began to lose the sallowness and her eye the heaviness before observed. Her face became broader and wore a more intelligent expression. Insisted upon her removal from home.

12*th.* Has been separated from the association of home since April 1st. The effect has exceeded my expectations, although I expected much from removal. Directed her to be kept much in the open air.

Two years have now elapsed, and Miss D. has had no returns of her former symptoms; and, to this day, she expresses great dread of mesmeric experiments.

This case appears to me the more important, as *proving* distinctly that the susceptible female cannot but be injured by all kinds of experiments of this class. The new fashion which prevails among these adventurers, just now so taking with the credulous, of "mysterious knockings" and supernatural communications, cannot fail to exert an unpleasant influence in those circles where they become the frequent theme of remark. This is no new thing after all; every age has presented a counterpart; but its direct influence upon the health cannot be uninteresting to the medical observer.

CASE II.—Mrs. H., aged twenty-nine, of nervous temperament and feeble constitution, who had borne two children, consulted me February 5, 1847, for the relief of a peculiar affection of the eyes.

I found at the inner canthus of one eye a well-defined triangular spot, the apex of the triangle looking towards the pupil,

the base filling the angle of the eye. This triangle was filled with a network of vessels carrying red blood, presenting the appearance of active inflammation, while the rest of the eye had a natural appearance. This was always accompanied by severe headache and a bilious sallowness of complexion. The secretions of the liver were irregular and unhealthy. Her menstrual periods occurred regularly. Careful inquiry, however, developed the fact that the menstrual secretion had been insufficient in quantity ever since she was exposed, during their flow, to a draught of night air, when looking at a fire from an open window in her night-dress. I learned that this peculiar appearance of the eyes was first observed soon after that period, since which four years have elapsed.

Believing the principal cause of disease to depend on the partial suspension of the menstrual secretion, also upon derangement of the liver, I combined emmenagogue medicines with mercurial alteratives in small doses, giving careful attention to regimen and diet. At the end of two months this phenomenon was no longer observable, and my patient greatly improved in health. After six months this appearance of the eyes was again observed. The same course of treatment was resumed with the same favorable result, and she soon became pregnant after an intermission of five years, went on to full time, and was safely delivered.

Three years have elapsed, and no return of this affection has been observed.

CASE III.—*Catalepsy caused by Menorrhagia.*—Miss T., aged twenty, menstruated at sixteen; continued to do so regularly till within about two years of July, 1847, when she came under my care. I found that she was accustomed to a profuse discharge, having the ordinary appearance of the menstrual flux, every three weeks, accompanied with cataleptic convulsions, and very great subsequent exhaustion. Scarcely had she time to recover from one attack before another supervened. Her countenance was haggard and sallow; her pulse quick; her tongue coated; and in mind greatly dispirited. She had been subjected *to many forms* of treatment without success.

Ordered tinct. ergota gtt. x, every two hours, with blister to the sacrum. Continued this treatment till I obtained numbness of the extremities. I ordered in conjunction ferruginous preparations, liberal diet, and cheerful society. Improvement commenced in the course of ten days, and in about three months she was entirely cured. Nearly four years have elapsed, and she continues to enjoy uninterrupted health.

CASE IV. — *Oil of Turpentine in Neuralgia.* — Mrs. L., aged fifty-five, consulted me in May of 1847, for the relief of pains mostly in the extremities, which appeared to me to be of a neuralgic character. Her sufferings were represented to be greater at night; her tongue was very slightly furred; still, she seemed otherwise in tolerable health. She was evidently of a nervous, excitable temperament.

Learning that she had taken every remedy that I am aware is prescribed for this form of disease, I decided to try the oil of turpentine, which I had recently used very successfully in a case of sciatica. Disguising the article with the spirits of lavender, I furnished it to my patient with the direction to take ten drops morning and evening. The remedy seems to have proved entirely successful. About six months afterwards she applied for more of that medicine, declaring that she had enjoyed more immunity from pain at night since taking it than for years before, and that she "could not live without the medicine."

About the same time in 1848, I was called to see her, when suffering under severe grief, because her only and half-idiot son had enlisted in the army and gone to Mexico. After using other appropriate remedies, I again resorted to the same article with the same result.

I have since prescribed the article several times in neuralgic affections, and know of no remedy in the use of which I at present feel more confidence, for the cure of diseases termed neuralgic.

I am disposed to believe that turpentine is an article of far greater pharmaceutical value than it is regarded, and deserves higher rank among our list of remedies. Having observed during a visit in Florida last spring, that turpentine was largely used as

a domestic remedy by the most ignorant among the natives, who simply "chipped" a pine-tree near their doors, and making a tea of the chips, employed it, or the gum that oozed from the wood, for the relief of colds, coughs, rheumatisms, wounds, and various other maladies, I have repeatedly tried it, and have found it to be a most valuable stimulating expectorant, diaphoretic, as well as one of the very best anthelmintics. I observe that it is much more highly prized as a remedial agent by the profession at the South than in our meridian.

[*To be continued.*]

Obstetric Cases.—Rupture of the Uterus, and a Case of Scalping. By STEPHEN W. WILLIAMS, M. D.

Rupture of the Uterus.—On the 20th of April, 1845, I was called to visit the wife of A. A., of Wendell, in travail. I had been with her twice before in labor, and delivered her both times with instruments. The first time she had been under the care of Dr. Bradford, of Montague, for thirty-six hours. Finding no prospect of delivering her without the use of instruments, I applied the forceps and delivered her of a dead child. Two years afterwards she became again pregnant, and at the time of travail she again sent for me, and insisted upon it that I should again deliver her instrumentally. More to gratify her feelings than in accordance with my own judgment, I applied them, and delivered her of a large and living child.

Two or three years after this she was attacked with dropsical complaints, and placed herself under my care. Her feet, legs, and abdomen, were considerably enlarged and œdematous. I prescribed for and attended upon her for some time, when, after a while, I understood she was cured. She became pregnant again eight years after the last delivery. She was attacked with labor pains at one o'clock on the morning of the 20th of April, and sent for Dr. Cook, of Wendell. He examined her, *and found labor* progressing well, with a right presentation of

the head, and before noon there was every prospect that she would soon be safely delivered. She was, however, extremely anxious that Dr. Cook should apply the forceps, which he accordingly did, very cautiously; but he thought he should not succeed in delivering her in that way, and took them off again. Her pains continued hard and regular till one o'clock, when they entirely subsided. She then expressed an anxious wish that I should be sent for, and a messenger came immediately for me. As I lived about a dozen miles from her, I did not arrive there till about five o'clock in the afternoon. Upon examination, I found a right presentation of the head, and the patient not apparently greatly exhausted. She was, however, rather restless and uneasy. Believing that her pains might soon be excited again, we gave her twenty grains of ergot, and waited the usual time for its operation. It excited some action in the uterus in about half an hour, but nothing like labor pain. She complained wholly of pain in the upper part of the abdomen and uterus, and of soreness there. She continued thus for some time, restless and uneasy, when we prescribed an anodyne for her, which at first did not seem to relieve her, or induce rest, but, after a while, she appeared to be more quiet, and inclined to sleep. At this time there appeared to be but little flagging of the pulse. As I had been broken of my rest for some nights before, I lay down at about eleven o'clock, with an injunction that I should be called upon on the return of labor pains. About an hour afterward, Dr. Cook came to me, and said she was still very restless and uneasy. I immediately arose, but before I could reach her bedside she had breathed her last.

The case was altogether mysterious to me, and I proposed a *post-mortem* examination at a proper period after death. She died about twelve o'clock in the morning, and at about six o'clock A. M., Dr. Cook made an incision into the abdomen, and we found the feet, legs, and one arm of the child lying floating on the bowels of the mother. The uterus had ruptured at its fundus, or upper part, and the rent was sufficiently large for me to take the child out of this aperture. The uterus here was very thin, dark-colored, and diseased. A considerable quantity of dark-colored fluid was taken from the cavity of the abdomen. Proba-

bly the disease and thinness of the uterus was owing to this acrid fluid lying in contact with it. No farther examination was made; the child was dead; the last motion of it which the mother felt was about noon.

In 16,414 cases of midwifery recorded by Dr. Collins, there were thirteen cases of rupture of the uterus or vagina, which is about one in twelve hundred and forty-seven. In 42,768 patients, of five eminent practitioners, viz., Clarke, Merriam, McKeever, Collins, and Pacaud, sixty-five cases of ruptured uterus occurred. Dr. Hamilton, Dr. J. Clark, Dr. James Hamilton, Mr. Powell, Mr. Birch, Dr. Douglas, Dr. Labit, Mr. Frizzel, Mr. Kite, Mr. Smith, Mr. McIntyre, Dr. Hendrin, Mr. Brooke, Dr. Davie, according to Churchill, and Dr. Maxwell, of America, have each recorded one case of cure.

A Case of Scalping.—In the month of January, 1851, I was called to the wife of J. G., in labor with her second child. I reached the patient about dark, but, I believe, candles had not been lighted. She was taken in labor in the afternoon. I lived two miles from her, but was not sent for till after sundown. About that time, labor advanced very rapidly, and one of the attendants, an aged lady, somewhat dim-sighted, made an examination, and supposed that the placenta was presenting. The patient was screaming horribly, and said she was flowing to death. The old lady had formerly heard a physician say, that in case the placenta presented first, it must be ruptured, or the patient would flow to death. She accordingly took a pair of sharp-pointed scissors, and ran them into what she supposed to be the placenta. Another pain brought the head of the child into the world. I arrived at that moment. Upon making an examination, I was greatly surprised to find so smooth a head. Upon calling for a light, I discovered that the scalp was completely torn from the head, and thrown down over the chin and back of the neck. I delivered the woman instantly, and threw the flaps back over the child's head. The wound extended from the back of the right ear, across the top of the head, and one-third across the forehead on the opposite side. It was nearly *twelve inches long.* The child was perfectly scalped. The

opening which the woman supposed was into the placenta, was upon the top of the head, and about two inches long. The pains of labor enlarged the wound, as a squirrel is sometimes skinned by an opening on the back, and pulling in opposite directions. I washed the wound, and brought the lips of it accurately together, and applied fine sutures and adhesive plaster to it. In three weeks the child was well. I never knew a wound heal more kindly in any subject.

DEERFIELD, MASS., *February* 19, 1852.

NOTE.—We are pleased to hear from our venerable friend Dr. Williams. His long experience, and close observation, in the practice of medicine, entitle his views to marked respect. We are particularly gratified to have such correspondents from other States. It proves to us that we have not labored for naught, and that our humble efforts to establish a New Jersey Journal of Medicine, have found their way to the sympathies and good wishes of distant friends. We hope Dr. W. will continue to remember us.—*Ed.*

BIBLIOGRAPHICAL NOTICES.

The Organizing of the American Medical Association. Read before the Philadelphia County Medical Society, by the President, SAMUEL JACKSON, M. D., formerly of Northumberland: pp. 11.

WE commend the excellent remarks of the venerable president of the Philadelphia County Medical Society to the earnest attention of our readers. His views upon the necessity of reconstructing our National Medical Society upon a more enlarged and liberal basis, in correspondence with our political system, are so just and forcible that we do not see how they can be controverted.

While Dr. Jackson admits that the present mode of admitting delegates from medical societies, colleges, hospitals, and other organized medical institutions, was appropriate to the formative stage of the Association, yet he conceives that it is now liable to many valid objections; amongst these the following are mentioned:—

"The profession is very unequally represented. The Constitution says; 'The delegates shall receive their appointment from permanently organized medical societies, medical colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing.'

"Now it happens that in cities, a physician who is a member of several institutions, is elected by them all, and he goes to the Association as a Bashaw with many tails. Sometimes he rejects his supernumerary honors, and calls himself a delegate from some favorite institution only. Colleges furnished with five or seven professors, send two of their members, and hence it happens that the collective colleges in the United States have an over proportion of representation. This has created dissatisfaction, and to a degree apparently over-proportioned to the cause; it resembles too much the election of members of Parliament from the rotten boroughs of England. So when an hospital or any other institution is supplied with only one physician this one may go every year to represent himself.

"All permanently organized medical institutions of good standing are permitted to send delegates. Now who is to determine whether certain institutions are *permanently organized*, and also, whether they are of *good standing?* 'Oh! the Association will reject at its meeting all that do not come within the letter, provided an accusation is brought.' Indeed! but this would be a very troublesome procedure, and extremely invidious, rendering the accuser almost hateful. It occurred in Philadelphia, in Charleston, and it was on the very verge of giving infinite trouble at Boston.

"Again—two or three physicians who would not be received into any Association *of good standing*, may suddenly call themselves a *Society permanently organized*, and then send a delegation. When you hear this new Society announced at the Association, you are ready to cry out like Dido: Who is this stranger—*Quis novus hic nostris successit sedibus hospes?* There does not appear any reason whatever that we shall not see a delegation to Richmond from the female medical college. Nay, it is highly probable that next May will exhibit such a monstrous medical phenomenon as will leave nothing worse for posterity to gaze upon."*

Dr. Jackson contends that County Medical Societies are the only bodies which should have a right to send delegates to the National meeting. These institutions are most likely to embrace the talent and respectability of the profession in their respective localities. They constitute the medical people; the voters of the profession; whose interests and standing are to be affected, for good or evil, by the doings of the great medical congress of the country.

* Nil erit ulterius quod nostris moribus addat
Posteritas—— Juv., *Sat.* i.

Dr. Jackson proposes farther, that every member of a County Society shall receive a diploma, testifying that he is a member thereof, as well as of the State Society, and of the American Medical Association. He thus becomes a citizen of the medical republic of his country, although he may never be deputed by his fellows to sit in its legislative councils.

The advantages of this plan are thus set forth:—

"The advantages of our plan are many, and more than can be now set forth. The government of individuals would be more perfect. This would devolve upon the County Societies. Each physician, except in large cities, is intimately acquainted with every medical man in his county, and thus all are qualified to judge whether A, B, or C ought to be admitted or rejected. They are also best qualified to ascertain who is fittest to be sent to the American Association. The County Societies then with open eyes will be the most desirable portals to the medical profession; and their triune diploma will prove a draft for respect and consideration wherever presented.

"This organization would annihilate at once all the inveterate jealousy of the schools that now exists in the profession, by putting all men on a perfect equality in respect to their representative rights. The professors would be elected delegates with regard to their talents and learning, and not as at present on account of their fortunate station.

"It is of primary importance, to add to the respectability of the County Societies—this would be done by securing the attendance of the *magnates* in the profession, and causing them to take a hearty interest in the business. These Societies are the *Alpha* and *Omega* of the government of individuals, they are the outposts of the profession, and every means of rendering them respectable ought to be used. Our great men, finding no other portal to the State Society or to the great Association, would attend them more faithfully, and greatly add to their popularity and usefulness.

"We should avoid all the confusion and troublesome collisions that now obtain in the election of delegates. It often happens at present, that the same men are elected from several different institutions of which they are members, as universities, hospitals, colleges, and various societies; now to avoid this unjust accumulation of honors on a few general favorites, much trouble must always be incurred.

"The organization proposed would prevent delegations from all unworthy societies. Under the present constitution, as observed above, a few men, two or three, who would not be received into any respectable Society, may suddenly coalesce and send a delegate, with whom you would not be willing to act in a committee."

The objections which have been started to this plan are thus met:—

"It has been objected that, by excluding the schools, you would shut out many of the most vigorous intellects in the profession. This objection is mere wind or mere words, like Hamlet's letter. Cannot these noble spirits join the County Societies and attend to the duties thereof? The professors are men of business, accustomed to public speaking and debate; their station commands respect; when they come to this floor upon a nominal equality with us, we do not envy them; nay, we are pleased with their condescension, and if they attend faithfully to the business of the Society,

we shall prefer them. They have never failed in this house to be elected delegates to the State Society, and they would have been elected also to the Association, but they rather chose to go from their schools.

"If it be objected that such an extensive revolution is difficult, I would answer—No. The work would be almost infinitely divided, and among so many that it would be found an easy task. Only let the Association give their fiat, and the work will soon be done in all its parts through the whole United States; for it is principally a work of words, in which the American people are said to find great delight. If the Association decree that, in the year 1854, this change shall be made, they will find it done at their bidding. The mere beauty of this universal government would stimulate to the speedy establishment thereof. Who would not rejoice, whose heart would not be gladdened, to see this great empire covered and served by educated physicians, all yielding obedience to one symbol of ethics and to the triune government now proposed."

New Jersey has in the main already adopted the plan proposed by Dr. Jackson—except that she has sent delegates from both the State and County Societies. She has at least recognized no privileged classes, and we feel assured that her influence will be exerted in the National Council of the profession to bring about the proposed change.

There is certainly no good reason why a self-constituted choir of medical teachers, who may obtain legislative authority to grant diplomas, should be entitled to a representation in a great meeting of physicians, which proposes to legislate for the good of the whole profession, and not for particular classes.

As this subject will probably claim the consideration of the forthcoming meeting at Richmond, we feel particularly gratified to find it handled in so able and convincing a manner, by one whose age and reputation must impart great weight to his opinions; and we hope that our readers will generally have an opportunity of perusing the address for themselves.

An Address on the Occasion of the Centennial Celebration of the Founding of the Pennsylvania Hospital. Delivered June 10, 1851. By GEORGE B. WOOD, M. D. Published by the Board of Managers.

LIKE the other productions of Dr. Wood, the work before us is remarkable for its plain, truthful, practical character. After *giving a history* of the organization and successful management

of the hospital in its several departments, its claims for support are presented to the reader in a spirit of enlarged charity, which, while it sustains the interests of this cherished institution, desires to kindle in the "bosom of benevolence" a "flame, which by its genial warmth may contribute to the bursting forth of the buds of other charities into flower and fruit." After the Address, follows an Appendix, containing the charter of the hospital granted by the Provincial Assembly of Pennsylvania in 1750–51, with the rules of the hospital now in force; a list of the managers, treasurers, medical officers, resident physicians, stewards, matrons, contributors, &c., from the commencement of the institution to the present time; making in all a neat volume of one hundred and forty-one pages.

Homœopathy; an Examination of its Doctrines and Evidences. By WORTHINGTON HOOKER, M. D. Author of "Physician and Patient," and "Medical Delusions." New York, Charles Scribner, 145 Nassau St. 1851.

WE do not understand it to be the object of Dr. Hooker merely to supplant the popular delusion named in the title-page of the book before us—but to do a far greater and better work: namely, to point out the general sources of error into which the people, not only, but the profession, are too apt to fall in forming their estimate of theories, which are from time to time presented to their notice; and to inculcate such principles of careful observation, and cautious reasoning, as will lead to the development of truth. The best we can say for the book, is to recommend it to our readers. Its spirit seems to be just and candid, granting to homœopathy all the strength it will bear, while it honestly portrays its weaknesses.

Discourses delivered by appointment before the Cincinnati Medical Library Association, Jan. 9 and 10, 1852. By DANIEL DRAKE, M. D., Cincinnati. Published for the Association by Moore and Anderson, 28 Fourth St: pp. 93.

AMONG the numerous books and pamphlets which have found their way to our table during the past month is one named above, which we have read with no ordinary degree of interest and profit. We are pleased with the high professional tone which characterizes the discourses, and are proud to number such a man as their author in the ranks of the profession of medicine. We are proud, too, of his New Jersey origin; for Dr. Drake, who is one of the most independent thinkers and writers in our country, is a native of this State, and has carried with him beyond the Alleghanies something of the New Jersey spirit and independence which originated our State medical organization eighty-six years ago, and has kept it alive to the present time, in spite of every effort to put it down. The Association did well to select as their Orator, one who became identified with Cincinnati as a medical man within twelve years of its first settlement; and Dr. Drake did well to speak in his first discourse of *early medical times in Cincinnati*, for probably no man living was more competent to do so than he. The subject would *seem* to have only a local interest, but this is far from being the case, as it is handled in such a manner as to make it interesting alike to the professional or non-professional reader abroad, as well as at home. One error we notice in the first discourse. Dr. D. speaks of Dr. Caldwell, on page 44, as, "with the exception of Dr. John Redman Coxe, of Philadelphia, perhaps the earliest living graduate of the University of Pennsylvania." Dr. Lewis Condict, of Morristown, in this State, an efficient and *active* member of the New Jersey Medical Society, can claim a seniority equal to that of Dr. Coxe, having graduated with him from that time-honored institution in 1794. The second address is devoted to a brief view of the *history of medical journals and libraries*, more particularly in this country, and will prove of lasting interest and value to the profession.

The importance of establishing medical reading-rooms and

libraries of rare and valuable books, especially in the larger cities, is strongly urged, for very obvious reasons which we need not repeat.

"I fervently hope that the profession in each city will cast away all jealousy, and strife, and evil speaking, and nobly emulate each other in those labors of observation, experiment, reading, and publication, which are necessary to the building up of an enlightened and liberal profession in our highly favored land. Among the measures which they can and should adopt, is that in which we are now engaged. They should each have a city library, in which all the past and current periodical literature of our own, and much of that of foreign lands should be constantly received; in which all the medical writings past and present of our *own* country should be collected; in which the imperishable works of past ages, and the great and expensive works of all the present, should be collected and brought within the reach of the inquiring student and the physician, whose means are too limited to permit his doing more than purchase the ordinary compilations of the day. This would be taking up medical improvement where our schools lay it down. We are too much accustomed to look to *them* for the elevation of our profession. Experience has proved that, in this country, they are not permitted to do more than teach the *rudiments* of the science. On that knowledge our students engage in the duties of the profession, and grow old in practice, without becoming profound in science. It is for those who congregate in cities to create and use, and offer to all around, the means of more varied learning and deeper research."

We feel assured that our readers will read this little book with pleasure, and as it can be readily forwarded through the mail, we doubt not that the publishers would willingly respond to any demand for it. *

EDITORIAL.

American Medical Association—County Societies.

In our bibliographical department will be found a brief review of an admirable pamphlet, on the subject of reorganizing the American Medical Association, to which we would call the special attention of our readers.

In the July number of the *Reporter*, the resolutions to which reference is there made, were published; and they will come up for consideration before the ensuing meeting of the Association

to be held at Richmond, Va. We allude to the subject here, that the District Medical Societies of New Jersey, which are to hold their meetings during the present month, may be reminded that their action in favor of the resolutions is greatly to be desired; and we would respectfully suggest, whether those societies whose regular meetings will not occur before the next meeting of the Association, ought not to be convened for the special purpose of expressing a sentiment upon this subject.

Now is an important period in the history of our national medical congress. The laity, so called, of the profession, are unfairly represented. The injustice exists in the fact, that the ratio of representation is more than three times as great from medical schools, hospitals, &c., than from the entire mass of the profession; and already has the invidious distinction been allowed between *professors* and *laymen*. In the great brotherhood to which we belong no such difference should exist; and we believe the time has come to *equalize* and *popularize* the whole system, by making a certificate of membership in a county medical society, a passport to membership in the national body.

Then would our American Medical Association be as a great centre, sustained by a vast and intelligent constituency, the extremest branches of which would be stimulated to enterprise in medical research, that would work without fear of being crippled or harassed by an unequal distribution of its honors.

We believe that medical education is advancing to a higher standard; that the profession is rapidly going upward; that the people are beginning to learn where true merit belongs, and will soon award to it all that it claims; but to secure this end, those of the profession who have to do with the people must constitute the legislative body.

Will not our district societies see to this matter in season, and either send delegates to Richmond, or express themselves in a tangible form upon this subject, through the representatives from our State Society, whose names we give below.

Delegates from the New Jersey Medical Society, to the American Medical Association, to be held at Richmond, Va., Tuesday, 4th of May, 1852:—

J. G. Goble, Newark; Jas. Paul, Trenton; J. B. Coleman, *Trenton; J. W. Craig*, Plainfield; Joseph Parrish, Burlington.

Death of John Griscom, LL. D.

The name of Dr. Griscom is so intimately connected with the history of science in this country, and his reputation so widely extensive, as a philosopher and a great man, that it seems proper to notice in this place the fact of his death. He was a Jerseyman by birth, and his honored remains are now mingled with our soil; while his acts of service in the cause of education and philanthropy have written upon our State history the traces of imperishable good. Having at one time been connected with Rutgers's Medical College, in New York, as Professor of Chemistry, he continued during the remainder of his life to embrace within the scope of his interests the medical profession; and so far as his influence extended, he labored to advance the standard of medical education. Always having been moved himself by a lofty purpose, he appreciated and encouraged in others the same spirit. He was the projector of the High School system, founder of the House of Refuge plan of reforming vicious youth, and in the varied branches of philanthropic labor was eminently useful. The few last years of his life were spent in Burlington; and the shadows of his evening drew their gloomy pall around him here in our midst, where, honored and beloved, he had lived so usefully. For the last year of his life he was mostly confined to the house, and as it was our privilege to enjoy his close friendship and to administer to his wants, so it is our delight to dwell upon his memory, and to record this humble tribute of his worth. He was a Christian philosopher. In weakness, he carried the marks of strength. In the possession of exalted intellectual attainments, he was humble and childlike. Self was brought low; and the Christian's trust and hope were his. As he bent towards the grave, the bow of promise stretched over him, to soften and brighten his path; and, having marked well the age in which he lived, he has soared on high, to receive his crowning reward. He died in the 78th year of his age, while hundreds of his pupils still linger to honor his name. For ourselves, we may be allowed to say, as a companion of his last days, and a frequent sharer in the feelings of his heart, that we treasure in our memory the hours spent in his

chamber among the happiest of our life, and that we esteemed it a privilege to weep with those that wept around his dying couch.

THE BRITISH AMERICAN MEDICAL AND PHYSICAL JOURNAL.

We are sorry to say that this valuable journal is no more. Its subscribers having neglected it, death ensued from marasmus. It is buried; on its gravestone is written the fact, that at the time of interment $1800 were due from *subscribers*, and $627 due to the *publisher*. What a lesson for subscribers to learn while they sit in their offices and read the medical news. Those who furnish it, are struggling to keep their own and their printer's family from want, with but little heed in the shape of "material aid" from those who owe it. Think of it, brethren.

DR. PENNINGTON'S REMARKS.

We regret that these excellent remarks of Dr. P., which were furnished at our request, were not sent us in season to be printed with the Transactions of the Society; owing to a misapprehension as to the time that they were needed by the printer. To make them complete here, the resolutions to which they refer will be reprinted.

The crowded state of our columns this month, is our apology for such a meagre display in the Eclectic department. We have been obliged to divide two of the original articles, and would take this opportunity to exhort our correspondents to brevity and clearness. "Perspicuity is the first excellence of writing or speaking."

EDITOR'S TABLE.

Two Lunatic Asylum reports lie on our table this month, viz.:—

The Report of the Pennsylvania Hospital for the Insane, for the year 1851, being the Eleventh Annual Report of that Institution; and the *First Annual Report of the State Lunatic Asylum for the State of Pennsylvania.*

During the past year, there were admitted into the former Institution, 204;

discharged, 201; leaving at the close of the year, 216. Total number of patients in the hospital during the year, 417. Of the discharged, there were cured, 107; much improved, 13; improved, 32; stationary, 23; died, 26.

The latter Institution was opened for the reception of patients, on the first of October last, from which time to the 31st of December, 37 patients were admitted, of whom 24 were males, and 13 females. We trust the next Report will appear in a style more worthy the State from which it emanates, at whose expense we suppose it is printed. We feel confident that the Institution will prosper under the jurisdiction of our friend Dr. John Curwen, who has been wisely chosen as its chief officer.

Notice of some of the Medical Improvements and Discoveries of the last Half Century, and more particularly in the U. S. of America. Read before the Franklin Medical Society of the State of Massachusetts. By Stephen W. Williams, M. D., &c., President of the Society.

This essay, which is extracted from the New York Journal of Medicine, is an excellent historical document, worthy of preservation for future reference.

A History of the Art of Midwifery: A Lecture delivered at the College of Physicians and Surgeons, Nov. 11, 1851, *Introductory to a Course of Private Instruction on Operative Midwifery, showing the past inefficiency and present natural incapacity of Females in the Practice of Obstetrics.* By A. K. Gardner, M. D., &c.

Dr. Gardner speaks his mind boldly and fearlessly on an important subject, regardless of the ire of female M. D.'s and their instructors, who are certainly men having "an eye to business," and no doubt expect to reap rich harvests in their "popular" vocation!

We have also received a number of addresses, catalogues, &c.

ECLECTIC AND SUMMARY DEPARTMENT.

Large Doses of Quinia.—"Times change," and a few years suffice very materially to alter the opinions of mankind on the same subject. The writer recollects ten years ago, when apprentice in an English drug establishment, how he doled out with trembling hands, on "apothecary's license," doses of the sulphate of quinia of from *one-half* to *one grain!* True, it had long before been taken by experimenters in quantities that we scarce dare name on the same page with the above, but, with the prevalent ideas of doses that influenced us at that time, we dared not give more than we did without the authority of a physician's name to back us! But how is it now? Quite a warm discussion is going on in some of our exchanges as to whether quinia in doses of from *fifteen* to *thirty* grains is *sedative* or *excitant*, and the advocates of the former doctrine would seem to have the best of the argument; that is, if we may rely on what they relate as their experience.

In the *Stethoscope*, for March, are two articles advocating quinia in large doses as a sedative, in reply to one in the January number of the same

journal, by Dr. R. L. Madison, of Va., who claims that it is excitant in its action, and laments that it is becoming fashionable, especially at the South, to give it in large doses. But it would appear from Dr. M.'s article that he himself gave doses of *twelve* and *fifteen* grains with great benefit! (Query! What does Dr. Madison consider a "large dose" of quinia?)

We confess ourselves decidedly favorable to large doses of the medicine, though we should be glad to know the standard by which we are to judge; for if a large dose consists of from half a drachm upwards, we must protest against it on one account, at least, and our objection should be a popular one, certainly, in this democratic country; and that is, the poor chance the "masses" have of "enjoying the luxury" of a dose of quinia of from half a drachm to ———! Another thought deserves, perhaps, a little consideration, viz.: the possibility of the demand exceeding the supply, and the total annihilation of the cinchona forests of South America!

By the way, how do our friends who employ these doses give it? In molasses? Bah! it is a "large dose" for us to *think* about that. However, there *is* a way of giving it, and hiding the enormity (?) of the dose too, if they will. It is as follows: Take any given quantity of sulphate of quinia and add to it aromatic sulphuric acid, of the pharmacopœia, sufficient to make a thick fluid, and triturate it with a spatula on a tile till it thickens into a mass. Five or ten grains can thus be made into a medium-sized pill, which is very soluble. S. W. B.

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Operations of Ovariotomy.—In our last, we noticed Dr. W. L. Atlee's pamphlet with the above title. There is in it evidence of great labor and research. Dr. A. has collected, and thrown into tabular form, 222 cases in which the operation was performed between the years 1701 and 1851. Of these, 146 recovered, and 76 died. Proportion of deaths one in three, nearly.

Dr. C. Clay performed the operation forty times, and lost 9 patients. Four of his operations were not finished, being only exploratory. Dr. Fred. Bird operated twenty-seven times and lost six patients. Dr. W. L. Atlee has operated eighteen times, and of the fifteen cases reported in the pamphlet before us, six died. *

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At the recent Commencements of Medical Colleges, in the neighboring cities of New York and Philadelphia, the following young gentlemen of New Jersey received the degree of M. D.

College of Physicians and Surgeons of New York.—Charles S. Chandler, Elizabethtown; Bethuel L. Dodd, A. B., Newark; Joseph B. Goodenough, Freehold; Ezra M. Hunt, A. B., Metuchin; Edward P. Nichols, A. M., Newark; Samuel H. Orton, A. M., Caldwell; James Reiley, A. B., Stillvalley; David E. Smith, A. B., Princeton; William C. Smith, A. M., Paterson; Luther G. Thomas, A. B., Newark.

Medical Department of the New York University.—R. B. Kipp, G. B. Lawrence, T. V. Menagh, H. T. Mesler, H. Norton, W. T. Pierson, and A. Young.

New York Medical College.—Michael Moss.

Jefferson Medical College, Philadelphia.—Geo. H. Doane, B. A., Edward O. Dummer, Joseph Moore, John B. Richmond, B. A., Abner Woodward, Jr., James J. Wright.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. V. FIFTH MONTH (MAY), 1852. No. 8.

On Coffee—its Medicinal, Disinfecting, and Dietetic Properties. By JAMES PAUL, M. D., Trenton. Read before the Mercer County Medical Society. [*Concluded from April Number.*]

BEFORE we enter more at length into the qualities of coffee as an article of food, let us inquire into the manner it acts on the system. "This substance," says Dr. Bocker, "acts on the nervous system in an especial manner, which fact the author ascertained by experiments on himself. The symptoms produced by large doses were, a diminution of appetite, slow digestion, and an uneasiness of respiration, simulating asthma. The number of respirations, and the amount of carbonic acid and water exhaled, were likewise diminished. The blood in the veins had a darker tint, and the globules did not redden easily by the contact of the air. As to the urinary secretion, it was found that the phosphates were as abundant as usual, whilst the urea, uric acid, and other organic matters, were considerably diminished. The author concludes, that coffee presents the characters of a *false aliment*, as it diminishes the destructive metamorphosis of the organs, and may be employed in diseases where this metamorphosis is too active." Hence it would be well to be guarded, on the other hand, in administering coffee in inflammatory diseases, and where an antiphlogistic treatment is indicated. "But," adds our author, "coffee has likewise the property, when taken in a sufficient dose, to excite the nervous system, and may therefore be looked upon as the incentive of the rich and the consolation of the poor. It is a comfort to the poor, since it appeases hunger, and renders an indifferent meal more substantial; and it excites the rich by its action on the nervous system."

This comfort, derived from the use of tea or coffee, for in constitution they are nearly alike, while as a nutrient coffee has the advantage, is well expressed in a statement made by a needlewoman in Liverpool to a commission of inquiry taken a few years since. After detailing the nature of her work, she stated: "I seldom have meat for dinner, but I try to afford it once a week—on Sunday. My dinner on other days, is bread and butter. I like potatoes, but I find bread more nourishing. A cup of tea is the nicest thing I get; I could not do without my tea. I could drink more of it, and take it stronger, if it was not so dear. I use oatmeal sometimes, but my chief diet is bread and butter and tea. I cannot do without my tea." And who has not felt the beneficial effects of a cup of tea or coffee, when fatigued, either in travelling or watching by the sick-bed.

This is a faithful picture of the manner of living of the poor seamstresses in England; and even in *our* large cities. Yet throughout the country parts, where wages are good, and animal food to be had at moderate cost, we find that tea and coffee are very much used, and enter largely into the dietary of the people. The question then presents itself, as to the beneficial or injurious effects from the use of coffee as an article of food?

Dr. Jackson, in the paper already referred to and quoted from, remarks, as to the difference in the preparation of this article, viz., when prepared by first slightly roasting, being merely made brown and crisp, so as to be easily reduced to coarse powder, and a concentrated infusion made by process of displacement; to this infusion an equal or double the quantity of cream or good milk being added, and the whole sweetened with sugar, "an alimentary drink is thus prepared, possessing all the requisites of good food, with the addition of a specific excitant acting on the nervous system and brain.

"But when the quality of the weak infusion generally used as food, and the consequent very small proportions of the alimentary elements held in solution in it, are taken into consideration, the disparity between the waste of the blood, and the elements for its reparation contained in coffee, become strikingly displayed. The ordinary coffee of the laboring and industrious classes is lit*tle more than* warm water colored and aromatized by coffee. It

contains but a very small portion, if any, of the nutritive and calorifacient elements. It is impossible with such diet to maintain, in the blood, the two indispensable conditions of life-action and nerve-force, organizable material and heat."

The diet here alluded to, is what is found to be too common in this country, where tea or coffee is introduced at every meal, substituting them largely for more appropriate and nourishing aliment, destroying the appetite, and rendering more nutritious food unpalatable, such diet tending to impoverish the blood. "In this State," adds the Dr., "individuals suffer from a number of vague, anomalous symptoms, characterizing no definite disease. They are always ailing, complaining, suffering, but not absolutely sick. They are miserable themselves, a plague to doctors, the prey and victims of quacks."

Is there anything, then, in what has been already said, to deter us from the use of coffee as an article in our dietary? By no means. There is nothing that we have mentioned to forbid the limited and moderate use of coffee, taken conjointly with more nutritious food. It is where the infusion is drank immoderately, and used at every meal, to the exclusion of a due and proper supply of that nourishment absolutely necessary for the reparation and sustenance of the system, that it becomes positively and highly injurious.

The virtues of coffee, as we have seen, are great. As a medicine it has been, and I have no doubt would be more so, were it not so commonly in use as an article of food, held in some estimation. As a disinfecting agent, it justly ranks high, and the fragrance which it throws around renders it particularly grateful. Lastly, as an article of food, its value is worthy of appreciation, by those who are engaged in mental pursuits, or who lead sedentary lives; and to the poor who are not required to labor or expend their strength in any laborious occupation, the action of coffee in preventing a too profuse waste in the animal economy must be advantageous.

Let me not, however, be misunderstood. While I agree in, and do not object to the limited and proper use of coffee, it must not be considered that I do so in all cases, in every constitution,

and at every age, and it is important that this should be understood.

To children, and to the young, coffee for the most part is injurious. Whenever it interferes with a proper allowance of nutritious aliment being taken, it must prove injurious. At this age, it is necessary that the food should abound in those constituents which are nutritive and heat-sustaining, without stimulating or exciting the brain and nervous system.

To persons of a highly excitable nervous temperament coffee is hurtful, the food of such individuals is required to be similar to that of children; with a poor and fanciful appetite at best, instead of partaking of simple wholesome aliment, they are apt to choose little morsels highly seasoned, and which will really add to the already too excited state of the brain. To all such, coffee is hurtful and injurious.

And lastly, to all who, as we have already mentioned, are required to labor, and yet make tea or coffee their principal article of food. Such persons cannot fail to be weak, sickly, and emaciated. The stomach is supplied, but it is by a *false aliment;* and although the want of a more generous diet is not at the moment felt, there is little to repair the waste of the tissues, the latter is greater than the former, "death-action is more than birth-action," and life-action is brought to the lowest ebb.

What a beautiful theory is embraced in this never-ceasing change, a constant disintegration of the several parts, requiring constant renewal. The heterogeneous compound in the shape of food, taken into the stomach, is there subjected to chemical action, and the albuminous particles of dead animal and vegetable matter is shortly changed and endowed with vitality, carried away and deposited to repair the loss sustained by the death-action which has taken place. This death-action, this disintegration, the whole frame crumbling to pieces, as it were, the dead particles being removed, and the blood depurated of this deleterious offensive matter by the various secreting organs, is ever taking place. If this is allowed to proceed without a new supply being ready to be deposited, the system becomes impoverished, the frame emaciated, the circulation becomes languid, *the skin cold,* and finally death ensues.

It requires, then, a continual supply of aliment, not only to keep up the heat of the body, which is effected by the saccharine and fatty portions of the food, but also to replace the wear and tear, and restore the lost; and this is only done by that portion of the food, which in its change can be endowed with life-action, to perform its allotted task, and, when no longer required, in its turn will also die, and be again restored to mother earth.

Such is the life of man, and the matter of which his frame is composed. The same round is ever recurring. Particles or atoms, in a state of vapor floating in the atmosphere, or forming a portion of the earth, are received or taken in as the food of vegetables, and being elaborated and assimilated into the proper juices of the plant, when fully developed become the food of animals, on which they mature and attain their growth. Both, in time, become the food of man, and having been endowed with life-action, constitute a portion of his system; and while he yet lives, the varying particles undergo a change, die and are again set free. A constantly recurring change from death to life, and from life to death. Thus, we are ever consuming and being consumed; the same earthy and gaseous particles entering into the composition of man, beast, and vegetable alternately, and continuing from age to age, while this world, in the wisdom of the Divine Disposer of events, shall endure.

Leaves from my Note-Book. By J. Henry Clark, M. D., of Newark, N. J.

No. 2.

Case V.—*Effects of a Foreign Body in the Eye, and its Removal.*—J. M. W., of Morris County, in this State, applied to me September 27, 1849; found him in a very feeble condition, considerably emaciated; countenance careworn and anxious; exceedingly depressed in mind, and suffering severe paroxysms of pain, very frequently in one of his eyes; learned that he was

in the daily habit of obtaining temporary relief by the use of very large doses of opium. Upon inquiring into his history, I found that this eye had been blind for twelve years; that, at that period, while in the act of striking a percussion-cap, which was lying upon an anvil, with a hammer, a portion of the cap had flown obliquely in such a manner as instantly to deprive him of vision. The piece of copper that had caused the injury was supposed to have been then lost, but was never believed to have entered the eye. The inflammation that followed, subsided quite as soon as is usual after the loss of that organ. The eye had been subject to occasional attacks of inflammation, which readily yielded to the most simple form of treatment. During the first nine years, no pain was ever experienced in the eye, when an attack of acute inflammation occurred, requiring antiphlogistic treatment, to which it speedily yielded.

Six months previous to his application to me, he began to experience pain in the orbital region of the affected eye. The pain at length became unceasing in the eyeball and temple; they were not increased at night; still, he was often kept awake. The pains were sometimes dull, and sometimes sharp. They had become so harassing and so unceasing in their character that his life had become embittered to such a degree that he looked forward to death as a release from the pains under whose influence he was rapidly wasting away.

Treatment.—Decided upon an operation. To serve his own convenience, selected October 2; directed preparatory diet, and a lotion of lead and opium. Met him according to appointment; made a free incision with an iris knife into the anterior chamber, as in the operation for cataract, by extraction, and cut out the flap; considerable pus was discharged.

3*d.* Found my patient doing well; his pains were much relieved, and the opiates which, for six months past, had been necessary to his existence, he was now able to omit.

4*th.* Ordered a warm thick poultice to be placed upon the eye and frequently changed; also the application of "ung. hyd. et opii." I moreover directed the internal administration of small doses of hyd. chlorid. mitis.

6th. Entire relief from pain obtained.

7th. Found a small shiny black particle upon the poultice, which the microscope discovered, however, to be only a piece of coal which had accidentally fallen upon it. This result greatly disappointed me, the more because my patient persisted in returning to his home, some distance in the country. He left me, entirely relieved of pain, and I lost sight of him from the 9th to the 16th, when he again returned. He told me that he had continued the poultice as I had directed, that on the day previous he had felt a pricking sensation in the eye, and increase of irritation. Upon examination, I discovered a small black spot. By the aid of forceps I drew out what proved to be most of the bottom of a percussion-cap, considerably oxidized, and weighing two grains. Under the microscope it presented the appearance of a piece of copper ore.

Mr. W. has since enjoyed uninterrupted health.

CASE VI.—Was called March 24, 1847, to P. C., a plumber, aged forty, into whose eyes a quantity of melted lead had been directly thrown. A portion of the metal had penetrated between the lids in a fused state, and moulded itself to the ball of one of the eyes, covering nearly the entire surface; the lids also were much burned. A half hour had elapsed from the time of the accident, before I saw him. I immediately removed the lead, which was moulded not only upon the eye, but upon the brow and lids. I took out a piece which presented a precise mould of the cornea, and expected of course to find considerable injury, but to my surprise, owing to the profuse lachrymal secretion, and the rapid cooling of the metal, merely a severe conjunctival inflammation ensued. Employed promptly antiphlogistic measures to relieve the inflammation.

25th. Patient much better; sight uninjured; lids much swollen; conjunctival vessels highly enlarged; no inflammation of any other tunic; no constitutional fever. By the means of occasional cupping, low diet, rest, and darkness, Mr. C. was again at his shop upon the 31st, sufficiently recovered to pursue his ordinary avocation.

When I met with this case I supposed it to be without parallel, but I found that Mr. Lawrence, at page 177 of Hay's Lawrence,

thus relates the following as the only case that ever fell under his observation: "I had a patient at St. Bartholomew's in whom melted lead had passed into the eye. A thin concave portion of the metal was removed, which obviously owed its figure to having been in contact, while liquid, with the eyeball. The organ sustained no material injury." My friend, Dr. David Greene, of New York, has since related to me a case in his own practice, where molten iron was borne with almost equal impunity.

The cases which I have heretofore described are of no more interest than many others which I might detail, and of less importance, perhaps, than those which frequently occur in the practice of many of the readers of your journal.

In connection with the eye, I will add a single other case, which has proved of very considerable interest to me, both on account of its obscurity and favorable result.

Case VII.—J. T., of Boonton, N. J., applied at my office May 27, 1850; his left eye being greatly enlarged, and presenting a remarkable protuberance from its socket. He had been advised by physicians who led him to believe that his disease was malignant. As near as I can judge from his account, his was a case of fungus hæmatodes. I regarded it as caused by inflammation of all the tunics of the eye. There had been no vision for three or four months, and the eye had been gradually increasing in size during most of that time. In the progress of the disease, amaurotic symptoms had been developed. Ordered twelve leeches to be applied about the eye; applied an evaporating lotion, and gave internally pil. hydrarg. Under treatment, thus commenced, by the middle of July the eye became greatly reduced in size; the mercurial alteratives having been continued, but with no return of vision.

Sept. 1. The eye had fully obtained its ordinary size and appearance, but vision had not yet returned; directed Plummer's pill, and blisters; and, having cupped him upon the temples, he returned home.

Oct. 15. He returned to me, having recovered some vision; *not sufficient, however,* to be of any service. Directed chronic

counter-irritation, and a continuation of Plummer's pill. He has several times returned to report progress, and now, Feb. 1, 1852, has nearly recovered his former vision, and feels quite confident of his perfect restoration.

It is seldom that an amaurotic patient is so persevering. In this case, faith and patience have been well rewarded.

[*To be continued.*]

Trismus Nascentium. By C. H. CLEAVELAND, M. D.

IN the Eclectic Department of the *Reporter* for March, is a summary of a long article on the above disease, from the pen of Jno. M. Watson, M. D., of Tennessee.

According to the experience of the writer of *this*, Dr. Watson cannot be right in supposing that "a traumatico-tetanic condition of the umbilicus is, with very few exceptions, the constant exciting cause of this disease." It may be very frequent, perhaps the most frequent one, amongst that class of patients who have passed under the observation of Dr. Watson; but that condition of the umbilicus is very seldom to be observed in *this* State, while trismus nascentium occurs much more frequently than is supposed by the generality of practitioners.

With us, decomposition of the umbilical cord, or that disgusting, careless, filthy condition of the new-born infant which is to be met with among the slave population of the South, is a matter seldom, if ever, to be heard of; yet, convulsions terminating in death in the course of the second week after birth, is a frequent cause of infantile mortality. The attention of the writer was called forcibly to this subject, by the papers published by Dr. Sims, in the *American Journal of Medical Sciences;* and, since their appearance, the conclusions arrived at by Dr. Sims, have been *confirmed* in repeated instances.

On the 20th of Sept., 1851, I was called to attend Mrs. T. S., in labor. She had previously borne a large family of children, not less, I think, than ten or twelve, and the labor terminated

favorably without anything worthy of note; and the next day, I found the mother and child apparently as well as is usual at that date after confinement. On the 28th of the same month, I was called to see the child, who, it was said, had been taken in convulsions the day previous. At the time of my visit, I found the infant nearly dead, and presenting the usual symptoms manifested in trismus. I carefully examined the child, and found the funis *dried up* to a string, without any inflammation in the umbilical region, obstruction of the bowels, retention or suppression of the urine, or any other abdominal or intestinal derangement that could be discovered, that might have produced the disease.

On examining the head, it was discovered that the occipital bone was pressed under the parietal bones, after the manner described by Dr. Sims. The nurse said that she had observed the bones to be pressed one under the other in that manner, since the first appearance of the convulsions, and she had no doubt but the violent spasmodic struggles of the child had produced the change, as she had *not* observed them to be so situated previously. The mother then said that she had previously lost three infants shortly after birth, and in each case the bone of the back of the head had been drawn under the others by the struggles of the child.

This mother and her nurse, who was *her* mother, then cited several cases within their personal observation, in proof of the correctness of their view of the case; doubtless correctly narrating the cases, but considering the *cause* as the result of the effect observed.

Without wishing to controvert the opinion of Dr. Watson, that the decomposition, or other diseased condition of the funis, may in many instances produce trismus, I cannot but suppose that both he and Dr. Sims have arrived at correct results as to the causes in the cases observed by each.

Waterbury, Vt., *April*, 1852.

Cases. By GEORGE W. PATTERSON, M. D., Resident Physician of Northern Dispensary, Philadelphia.

A Case of Chronic Meningitis induced by a Coffee-Seed in the Ear.—About three years ago, a lad named Jones was brought to me by his mother for the purpose of having a coffee-seed removed from his ear, and which had, as I was informed, been there four years.

The boy was ten years of age, and this extraneous body had been permitted to remain there for so long a time from fear that its removal would be painful; and his mother stated that she was induced to bring him then, mainly because he had complained of some pain in that side of his head, and symptoms of a spasmodic character which she thought might be owing to the presence of the coffee. She further observed, that for some time previous he had become very nervous, manifesting itself chiefly by fear, and that in other respects he was in good health. The ear was immediately examined, and, the seed being visible, I removed it. The patient did not complain of pain, but manifested some alarm during its extraction. Having directed that the ear should be cleansed, and believing that, in consequence of the protracted presence of this foreign body, the membrane of the external meatus, and the nerve of hearing must be very sensitive, I directed that a good article of neatsfoot oil should occasionally be dropped in the ear, and that a little wool or cotton should be kept at the orifice. The mother was requested to bring him again. It was not, however, until two years afterwards that he again came under my notice, and sad was it to witness the change that had come over this little patient.

It was now stated that the convulsions (which it is proper here to note were of the epileptic character) had become more frequent after the removal of the coffee, and that he had not received any further medical treatment, excepting occasionally at the clinique of one of the medical colleges of the city, and where his case was finally pronounced, by one of the professors, incurable. The condition of the patient now, was as follows: The ear, from which the coffee had been extracted, was half full of hard-

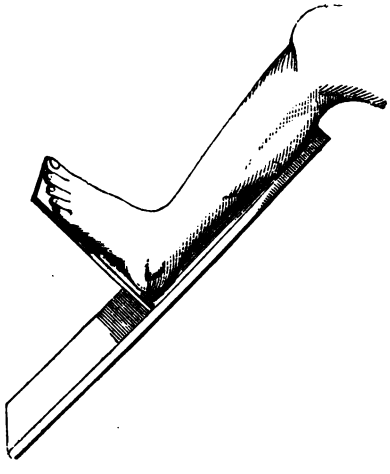
ened cerumen; this I now removed. Expression of countenance, idiotic; salivation, profuse; has not spoken for three months; complexion, formerly ruddy, now pale; when spoken to, could hear what was said, but it had to be repeated several times before he could show that he understood its meaning; this was always the case when requested to put out his tongue. Body and limbs attenuated; bowels constipated; incontinence of urine; volition, as before observed, almost entirely gone; in walking had none or very little control over his movements, requiring constant watching. Being solicited to do what I could for him, I thought I would make an effort: accordingly, I introduced a seton in the back of the neck; ordered, as an alterative, the sol. of iodide of iron, and advised a nourishing diet and salt-water bathing; subsequently a combination of sulphate of quinine and sulphate of zinc was given, which I have several times seen useful in epilepsy; not, it is true, in the entire removal of the disease, but in greatly extending the interval between the convulsions. The treatment pursued was of no permanent advantage. A word or two was spoken a short time after the seton was introduced, which, after so long a silence, was very gratifying to the parents, they believing it ominous of a successful issue; but in this they were disappointed; for a time, also, the tonic measures seemed to have a beneficial effect, nutrition appearing to be more properly performed, and the convulsions less frequent. The case passed from my hands, and the last time I saw the patient, his mother was about making application for his admittance to the Pennsylvania Hospital for the Insane.

That the difficulty of cure in this case was owing to some lesion of the brain, or its meninges, caused by the presence of the coffee in his ear for so long a time, was, I believe, not only possible but probable. What the precise nature of this morbid change was, I am not fully prepared to say. The extraneous substance would no doubt have been allowed to remain longer, had not the patient complained of some pain on that side of his head, and this attended with spasms. There was no hereditary tendency to tubercle, that I could discover; I am led to believe that the lesion was chronic meningitis, and have but little doubt *that, if suitable* depletory measures had been resorted to after

the coffee was removed, he might have been restored to health; but, as we before stated, it was not until two years afterwards that I again saw him, and then in a helpless condition.

A Case of Purpura associated with Sciatica.—This case of purpura came under my notice a few years since, and may be considered interesting in consequence of its having been complicated with sciatica, which I am not aware is a very common attendant upon this affection.

The patient was a man between sixty and seventy years of age, a cabinet-maker by profession, and occupied the attic of a house, in a court, in the lower part of the city. In this room was his bed and store, and lumbered with many things incidental to his occupation, so much so that there was scarcely room to move. Here the old gentleman provided his own food, worked at his business in the evenings, and sought his repose. There was no one to attend to his wants, excepting occasionally some of the occupants in the lower rooms. When I first saw him, he complained of great pain along the course of the sciatic nerve of



the left extremity, and was sitting up with his foot resting on what he called a gout-stool, in which position he said he found most relief. This stool was of simple construction, and many physicians are no doubt familiar with it; the above cut will represent it.

Perceiving that his limb was mottled with various colors, I supposed he must have met with an accident; but this he said was not so, and upon examining his arms and body, large blotches of the same character were seen; he could not account for it, nor the sciatic pain, unless it was that the latter was occasioned by his sleeping near a window where the cold air had free access, for it was in winter. The latter explanation I thought was sufficient. The purpura appeared to be owing to the meagre diet to which he had accustomed himself, having had no animal food for a long time, depending chiefly upon bread and tea, and such light articles of food; his pulse was feeble, and his vital powers so prostrate that I thought he must soon have died of starvation. I requested that rich animal broths should be prepared for him, that his limb should be bathed once or twice a day with hot water, and then wrapped up in flannel. I also ordered five grains of iodide of potassium four times daily, which I have found more useful in sciatica than any other medicine, porter, and at night a Dover's powder; under this treatment he recovered, and has continued well ever since.

A Case of Fracture of the Coracoid Process of the Scapula.— The patient who was the subject of this injury, was a female forty years of age and unmarried; she, it was said, had never been of very sound mind, and occasionally was subject to decided aberrations of intellect. During one of these periods, and at which time she was attending a series of religious meetings, she was much troubled about having sinned against the Holy Ghost, and, in a fit of insanity, threw herself from a second story window, occasioning, in all probability, this fracture.

An homœopath was now called in, and attended her for at least three weeks. The little white globules were very perseveringly administered, but, unfortunately for the attendant, were rather slow in their action. A liniment was also being used at the same time. The family becoming impatient, I was requested by them to take charge of the case. As near as I was able to learn she must have fallen upon the shoulder; here alone was there evidence of a severe contusion, having been very much *swollen, painful,* and discolored. There was now less swelling,

though still much pain and an inability to use the arm. At my second visit, I decided that it was not simply a contusion, but also a fracture. Feeling a small hard body, slightly movable, in the neighborhood of the position of the coracoid process of the scapula, which could be more readily moved away when the hand of that side was placed over the opposite shoulder, I made up my mind that this process had been fractured, and treated it accordingly.

Having kept the extremity in the position just stated, by a bandage applied somewhat similar to one recommended by M. Velpeau for fractured clavicle, which gave much relief to the patient, I found after a few days that the swelling had subsided; the fractured process could be more readily felt, and my diagnosis made more clear. The arm was kept in this position five or six weeks. The patient finally acquired the use of her arm, although not perfectly, and I had reason to suppose that the union between the fragments was but ligamentous.

PHILADELPHIA, *April*, 1852.

A word to the American Medical Association. By J. H. S.

GENTLEMEN: You are assembled for the welfare of the entire medical profession throughout the United States. You are the guardians, and the only ones, of its honor. Permit me, with laconic brevity, to call your attention to one crying evil, which it is in your power, and yours alone, to remedy.

I allude to the immense number of unqualified men who are yearly crowded into the already overflowing ranks of medicine. A crisis is approaching which must be met, or the death-knell of your own respectability is tolled. Herds of the most ignorant "doctors" are annually turned loose, like locusts, upon the community, destroying the lives and health of the people, and reducing the noble science of medicine to a trade—a barter for money.

It is not in the nature of things that one-fifth of the vast multitude thus licensed *can* be either properly gifted with brain or properly educated.

Men who ordinarily would never dream of engaging in anything but mechanical pursuits are fairly *entrapped* into our profession by the facilities offered for entering it. Lecture-terms are shortened, fees are diminished, and a disgraceful underbidding is practised among many of our institutions to entice the poor innocent rustic from the solid comforts and real respectability of his plough or anvil, to the showy misery of a "professional life." Once entered, he discovers his mistake too late. Having swamped his slender means, he is unable respectably to leave it, and thus continues, dragging on a precarious existence, a burden to himself, a curse to the community, and a foul blot upon the profession. This is not an overwrought picture. In alas! too many instances it is literally true. How many a man bitterly curses the hour he entered the profession, and would gladly leave it, but that his new-born *pride* prevents him from engaging in honest labor.

The profession is deservedly becoming ridiculous in the eyes of the community, and an object of sarcasm for the microscopic wit of the *feuilletonistes* of the day. Each year the hundreds (thousands, I might say) who issue from our medical institutions with their "diplomas" done up in neat tin cases, are greeted with the derisive shouts of an intelligent people. It is now quite a good joke to be a "doctor," for all but the unhappy one himself.

About two-thirds of the graduates are open subjects of ridicule to the remaining third. English orthography and etymology are despised among the majority, and syntax is accounted an unclean thing.

Of their distinctively professional knowledge, the following is a fair sample: Sometime ago, a medical student in a dissecting-room in —— was in a moralizing mood. Lifting up a skull, he contemplated the foramen magnum occipitis for some time very pensively, and at last heaved a deep sigh, and, as if deeply impressed with the mutability of human affairs, exclaimed, "Ah, how much good *bread and cheese* has passed through there in its time!!!" It

is unnecessary to add that he graduated that spring. *Such* are some of the men who represent our profession! Shade of Hunter; manes of the immortal Abernethy; spirit of Physick, hear! *Can* nothing be done; *will* nothing be done to check this avalanche? Much *can* be, but *will* it? A recommendation from your Association to the different medical schools in our Union, to relinquish all right and power of granting diplomas would probably be heard and attended to. State examining committees could then be appointed by the State societies, and *none* allowed to graduate who were not *well* prepared. All competition of schools would thus be avoided, and fairness and justice only consulted in the granting of licenses. We have not too many *schools;* there cannot be too many, provided they have no power to grant diplomas where they are interested in graduating as many as possible. But the educating and licensing power should be vested in different bodies.

This I firmly believe to be the only true method to rescue our profession from its hazardous situation.

If I have been blunt and coarse in my mode of expression, pardon me. I have the deepest reverence for those "grand old masters," whose teachings I have ever listened to with pleasure and profit; and feel confident that all of them would delight to see their institutions thus placed far above the aspersions of malice, or the ridicule of the vulgar.

Vaginal Hysterotomy, terminating in Natural Labor, with safety to both Mother and Child. By J. Alfred Gray, M. D.

On Friday afternoon, August 15, 1851, my friend Dr. L. H. Mosher was called to attend Mrs. R., in labor with her sixth child.

The labor seemed to be progressing rapidly; pains occurring regularly, and at intervals of ten or fifteen minutes. Upon examination, per vaginam, no traces could be discovered of the os tincæ; a round, smooth surface presenting to the finger.

Careful and accurate search was made to discover the mouth of the womb, but all to no avail. As the patient seemed vigorous, and in possession of full bodily health, Dr. M. concluded to wait patiently, hoping that, as the labor advanced, and the strength of the pains increased, a change would be produced in the situation of the uterus, and the delivery would be perfected naturally. During the night the pains increased in intensity, and upon further examination the same state of things presented; no alteration in position had taken place, and not a vestige of anything resembling the os could be found. Things now began to assume a more serious aspect; the woman was becoming exhausted and impatient, the attendants alarmed, and something required to be done to relieve the existing difficulty and hasten on the delivery. Accordingly, about four o'clock A. M., Saturday, I was summoned to meet Dr. Mosher in consultation, about sixteen hours after the commencement of the labor. I had attended her in three previous confinements, at which times she had not been in labor more than three or four hours. On my arrival, I found the patient much exhausted and discouraged. Upon examination, I was apprised of the facts before stated; not a sign of the mouth of the womb could be discovered, and the pains were assuming an expulsive form. Upon consultation on the case, it was determined that prompt and decided measures were necessary to save the life of the mother, if not of the child; the pains being quite frequent and expulsive, and it being feared that death might ensue from rupture of the uterus.

The husband and friends being informed of the nature and exigencies of the case, we determined to open a passage for the child by incision into the womb through the vagina. At the request of Dr. M., I proceeded to perform the operation as follows: With a probe-pointed bistoury covered within a few lines of the point with linen, taking the finger as a guide, I made a bi-lateral incision into the womb. Through this opening, the head of the child was immediately felt. The parts through which this incision was made were very resisting, and presented a cartilaginous feeling. The pains continued very strong and expulsive, yet no advance seemed to be made in the progress of the labor. An *anodyne was then* administered to the patient, to gain a respite

for a short space to rally and recover strength, in hopes that nature would then finish the work by dilating the opening and expel the child. Upon examination, about two hours afterward, no change had taken place, and I determined to enlarge the opening by making an incision anteriorly and posteriorly: this was accordingly done; the patient having obtained some rest from the opiate, the pains returned with their wonted power. Upon examination, the incision was found dilated, and the head presenting naturally, and everything seemed to be advancing as in an ordinary labor. The pains continued to increase in strength, very expulsive in their character, and the head was found in the inferior strait pressing upon the perineum. At 12 M. the labor was naturally completed, to the great joy of parents and friends as well as ourselves; the mother and child both saved; an event unexpected to all.

The recovery of the mother was rapid; no untoward symptoms supervening, and both herself and child are now enjoying excellent health. We had trusted to nature, as long as she was capable of acting, to open a passage for the child, but exhaustion indicated that, without some artificial means, prostration and death must inevitably ensue.

A few remarks upon the previous history of the above case may serve to throw some light upon the matter. During the year previous to this pregnancy, Mrs. R. had suffered severely from uterine hemorrhage. These attacks occurred, at three different times, from premature labor, about the commencement of the second month. These attacks were extremely severe, and seemed to defy any and every preventive or remedial agent until after the expulsion of the fœtus. Such was the case during the first and second attacks. But the last seemed to threaten a more serious termination. For nearly three months there seemed to be no cessation of the difficulty. Sitting by her bedside, you could hear the blood gushing from the womb, like water from some pent-up fountain when the barrier is suddenly removed. Every remedial agent, both internal and external, were used, but to little or no avail. The patient seemed to be sinking rapidly; strength failing, stomach rejecting everything in the form of medicine. I at last determined to desist from their use,

and leave the case to one treatment, and that of the simplest character. Iced-water, and ice, the latter as tampons, the former as injections into the uterus, which latter I carefully administered myself, four or five times per day (she, at that time, living within a few rods of my house). The only remedies given were tinct. sulph. acid. aromat. gtt. x. q. h. ter., and feeding her with as much ice and iced cream as the stomach would bear. Also applying ice and iced water over the uterus, and a supportory bandage, which I invented for the case, producing gradual and equal pressure over the uterine region.* Under this treatment, Mrs. R. gradually, and I may say almost imperceptibly improved. For a long time she seemed to balance between life and death, and I was fearful, even when the hemorrhage began to abate, that her system was so far reduced that it would never react. Nothing but the most rigid care and attentive watching, and the most cautious administration of tonics and restoratives, as well as careful and gradual increase in diet and regimen saved her. Under this course of treatment her system rallied, and she entirely recovered. In the course of three months she was again *enceinte*, her gestation continuing to progress as ordinarily, until she arrived at full term. The event of the case fully shows that the long-continued duration of the disease, and the remedies used, produced inflammatory action, which terminated in complete occlusion of the mouth of the womb.

This case was one of great interest to myself as well as to my friend Dr. M. Since that time, I have been led to search the records of medical and surgical facts and events, and can find but two cases of a similar character occurring in this country; both of these in the city of New York, where the operation was performed by Professor Bedford, the learned and distinguished Professor of Obstetrics, &c., in the University of New York.

Rocky Hill, N. J., *April*, 1852.

* It is the only bandage or supporter that I ever found, that would retain its position under any circumstances, either in an upright or recumbent position, and can be worn without any inconvenience, at all times, by the patient.

BIBLIOGRAPHICAL NOTICES.

An Analysis of Physiology: being a Condensed View of its most Important Facts and Doctrines; designed especially for the Use of Students. By JOHN J. REESE, M. D., Lecturer on Materia Medica and Therapeutics in the Medical Institute of Philadelphia; Physician of Wills Hospital; Fellow of the College of Physicians. Second edition, revised and enlarged. Philadelphia, Lindsay and Blakiston, 1852.

THE first edition of this work appeared in 1847; but the various new discoveries which have been developed since that time, by the labors of the most distinguished men of this and other countries, in the various departments of physiological research, organic chemistry, &c., have demanded a republication of it, to meet the wants of the student of the present time. The elements of human development—the cell, the germ—are considered with reference to the various conditions of human existence, as they are developed by means of those essential conditions of vitality which are found in the atmosphere, and other surrounding agencies. While the proximate constituents of the organism, its various forms, its variety of tissues, and its actions—organic, chemical, physical, dynamical, and psychological—are considered under their appropriate heads. The author has not only availed himself of the published experience of distinguished writers upon physiology, but has presented to the reader many ideas and opinions that have been recently promulgated in the lectures of Dr. Samuel Jackson, Professor of the Institutes of Medicine in the University of Pennsylvania, which fact alone should be sufficient to induce many who have sat under his instructions in former years to procure the work. It contains a complete index, and embraces 367 pages.

Elements of Chemistry. By THOMAS GRAHAM, F. R. S., Professor of Chemistry in University College, London, &c. &c. Second American, from an entirely revised and greatly enlarged English edition, with numerous illustrations. Edited, with Notes, by ROBERT BRIDGES, M. D., Professor of Chemistry in the Philadelphia College of Pharmacy, &c. Published by Blanchard and Lea, Philadelphia, 1852: part 1, pp. 430.

WE need say no more of this book than it says for itself. The title-page is an exhibit of its character. It contains the *elements* of chemistry, and teaches us how to apply this science to the arts. It is enlarged and im-

proved, embracing recent discoveries, and establishing the most modern system of chemical nomenclature and notation, with various formulæ and tables, which make it invaluable to the chemist, and greatly useful to the physician.

EDITORIAL.

TO SUBSCRIBERS.

Our publisher is a punctual man; he sits at our elbow, and prompts us to suggest to the subscribers of the *Reporter* the necessity of punctuality. Our friends need to be reminded, sometimes, that the printer must be paid for the work he does; and we feel assured that the physicians of New Jersey will not allow us to pay from our own pockets the present demands upon us. Two hundred and fifty dollars are actually due on the present volume; and though our subscription-list is ample enough to secure it, our brethren have allowed themselves to wax a little cold in this matter. Remember that the payments are due in advance. Two dollars a year, for a monthly Journal that carries to your studies the current history of medicine in our State, and the general medical news of the country, is a small remuneration; and we venture to say that every subscriber feels himself paid more than the amount of subscription in the pleasure of supporting a New Jersey medical press, as well as in the reflection that he gets fully the worth of his money. Let this call be answered. We need *material aid*—we need it soon—we need it *now*.

American Medical Association, County Societies, etc.

We furnish below a series of Resolutions, adopted by the Medical Societies of the county of Berks in Pa., and of the counties of Burlington and Mercer in this State, which indicate the action of these bodies in the matter of representation in the American Medical Association, the absorbing topic of medical politics at the present time. We invite the attention of our readers, and county Societies elsewhere, to the doctrine inculcated in the Resolutions, and hope it may obtain favor among them.

Resolutions adopted at the Medical Society of the city of Reading and county of Berks, April 1852.

After an attentive consideration of the principles on which the American Medical Association is at present organized, and their unequal bearing

on the delegates of which it is composed, as set forth in the able and perspicuous discourse read before the Philadelphia County Medical Society, by Samuel Jackson, M.D., late of Northumberland, the Medical Society of the city of Reading and county of Berks unanimously adopted the following Resolutions:—

1. *Resolved*, That this Society cordially approve of the views taken by Dr. Jackson, in the paper above referred to, and strongly recommend the alterations of the plan of organization of the American Medical Association contained therein.

2. *Resolved*, That our delegates to the Association be strongly urged to co-operate with Dr. Jackson and his friends, to have the suggested alterations adopted.

Resolutions adopted by the District Medical Society of the County of Burlington.

Whereas, the fact that the representation of physicians in the American Medical Association is so unequal as greatly to favor the schools and colleges of medicine in our country, thus thwarting the purposes of its organization, it is, therefore, by this Society

Resolved, That the only true principle of representation is by delegates from County Societies; and that we recommend the adoption of such changes in the Constitution of the Association as will secure this end.

Resolved, That we heartily repudiate the distinction made between professors and laymen; that we recognize no such invidious differences; and that we will use our influence to equalize the rights and privileges of all properly educated and recognized physicians.

Resolved, That the possession of a diploma from a medical school or college, is not sufficient evidence of the proficiency of its possessor, and that it ought not to be received as such.

Resolved, That a certificate from a regularly organized county medical Society, conferred after a careful examination of the character and acquirements of the applicant, ought to be acknowledged as a certificate of membership of the American Medical Association, and ought to entitle its holder to a diploma from said body, which should be considered as evidence of qualification to practise physic and surgery.

Resolutions passed at a meeting of the District Medical Society of Mercer County.

Whereas, the article in the present Constitution of the American Medical Association, which states that "the delegates shall receive their appointment from permanently organized Medical Societies, Medical Colleges, Hospitals, Lunatic Asylums, and other permanently organized medical institutions of good standing," is too vague and undefinable, and renders the representation of the great body of the profession unequal and unsatisfactory; it is respectfully recommended,

1. That no delegate be received, who is not a member of the County Medical Society in which he resides.

2. That, as State Medical Societies are composed of delegates from the County Societies of their respective States, so should the American Medical Association be composed of delegates from the State and County Societies of the several States, with such other medical institutions as the Association shall from time to time determine; the delegates from State Societies being appointed from the Fellows, officers, and members thereof.

3. That no delegate be received from any Medical College, Hospital, Lunatic Asylum, or other medical institution, where there are less than Five (5) medical officers, that is, professors or attending physicians, attached thereto.

4. That no Medical School, or other institution, be recognized, or any delegate received from such school or institution, which shall not carry into effect such rules and regulations as the Association shall from time to time consider necessary in relation to medical education and the advancement of medical science.

Resolved, That a copy of the above, signed by the President and Secretary, be presented to the American Medical Association, at the meeting to be held on the 4th prox., at Richmond, Va.

Proceedings of Medical Societies.

The annual meeting of *Cumberland County* Medical Society was held at Bridgeton, April 6, 1852.

New members received—Dr. Ephraim Bateman, Dr. N. R. Newkirk.

Delegates to American Medical Association—Drs. Elmer and Porter.

Delegates to New Jersey Medical Society—Drs. Tomlinson, Ludlam, Bowen, and Buck.

Annual Address on Dysentery, by Dr. B. Rush Bateman.

A Committee appointed to prepare a History of Medicine, Medical Organizations, and Physicians in the county of Cumberland; to be read at next meeting.

Reporter—Dr. Fithian, of Greenwich.

Next Address by Dr. Ludlam.

The Medical Society of *Burlington County* held its annual meeting at Mt. Holly, on Tuesday, April 20, 1852.

Officers for ensuing year—President, Dr. I. P. Coleman; Vice-President, Dr. S. W. Butler; Treasurer, Dr. B. H. Stratton; Secretary, Dr. F. Gauntt.

Dr. Stratton proposed the following alteration of Article X. of the Constitution, to be acted on at the next meeting. The Society shall meet at Mt. Holly, quarterly; on the second Tuesdays, respectively, of January, April, July, and October, and that the January be the annual meeting.

Delegates to the American Medical Association — Drs. Stratton and Gauntt; and Drs. Woolston and Trimble, as alternates.

On motion, the following preamble and resolutions were unanimously *adopted.* (*See* preceding page.)

Drs. Stratton, Read, and Haines were appointed a Committee to report

at the next meeting a Chorographical and Medical History of the county of Burlington.

The annual meeting of the District Medical Society of the county of *Mercer* was held in Trenton, on the 20th of April.

Officers for the ensuing year—President, Dr. John L. Taylor; Vice-President, Dr. John Woolverton; Secretary, Dr. John H. Phillips; Treasurer, Dr. Jacob Quick. (For Resolutions, *see* page 319.)

The following papers were read:—

Dr. James Coleman, on the Food of the Sick, considered chemically in relation to the losses of elements during disease.

Dr. James Paul, on the Exhibition and Action of Mercurial Preparations.

Dr. John H. Phillips, on the Importance, Necessity, and Usefulness of County Medical Associations.

At the annual meeting of the District Medical Society for the county of *Sussex*, the following preamble and resolutions were adopted:—

Whereas, since the last meeting of this Society, two of its members, Drs. John B. Beach and Joseph S. Beemer, have been removed by death—

Resolved, That this Society has heard, with unfeigned regret, of the death of two of its most valued members; and that it sincerely sympathizes with the communities in which they lived, in the loss sustained by them, and with their respective families, so deeply afflicted by these dispensations of Providence.

Resolved, That these resolutions be published in the *New Jersey Medical Reporter*, and in the papers of this county.

Newton, Sussex Co., *April* 19, 1852.

THOMAS RYERSON, *Sec. pro tem.*

For want of space, we are obliged to postpone some matter, and to omit noticing several publications. In our next, we hope to give a report of the proceedings of the American Medical Association, which meets in Richmond, Va., on the 4th inst.

Medical Miscellany.

We regret to announce the death of Wm. R. Grant, M. D., late Professor of Anatomy in the Medical Department of Pennsylvania College.

Dr. W. L. Atlee, we learn, has resigned the chair of Chemistry in the Medical Department of Pennsylvania College.

Dr. John Bell, on account of impaired health, has resigned his professorship in the Medical College of Ohio, and returns to Philadelphia.

Reorganization of Pennsylvania Medical College.—We are happy to announce the reorganization of this college, by the addition of a chair of Institutes, to which G. Smith, M. D., has been elected, and the appointment of J. M. Allen, M. D., to the chair of Anatomy, and J. J. Reese, M. D., to

that of Chemistry. We congratulate the Faculty on their success in filling those places with three such able men.

Two persons have recently lost their lives while under the influence of chloroform; *twenty* and more have as recently been sacrificed by casualties on public conveyances!

N. J. Graduates of 1852. At the Medical commencement of the *University of Pennsylvania*, held on Saturday, April 3, 159 gentlemen received the degree of M. D. Among them we notice the following from this State: John F. Grandin, Clinton; John H. Janeway, N. Brunswick; John A. Johnston, Trenton; John Kirby, Swedesboro'; Reuben Ludlam, Deerfield; Edward A. Page, and Samuel C. Thornton, Jr., Moorestown; Jacob C. Winter, Harmony.

ECLECTIC AND SUMMARY DEPARTMENT.

Sinapisms to the Mammæ for Suppression of the Menses. By O. J. Phelp, M. D.—With the view of calling the profession to a more close observation of the sympathies existing between distant organs, I will briefly state a case which recently came under my notice and treatment.

A young woman, 17 or 18 years of age, had begun to suffer seriously from catamenial suppression; and after the use of the ordinary means without success, my last and successful prescription was a repetition of the pediluvium, and sinapisms to the mammæ. The effect followed almost with telegraphic celerity, the flow following immediately upon the first impression made by the sinapisms, and quite to the astonishment of the mother; and when I intimated to her that I would communicate the case to a medical journal, she said she had been thinking herself that it *ought* to be done.

Now whether it was the sinapisms alone that produced the effect, or whether it was in part produced by previous treatment, must remain in doubt; but *I* cannot entertain a doubt, that the sinapisms were a very strong auxiliary, if not the prime cause, of so decided an effect.

I have now given the facts of the case, upon which might be based a long dissertation on sympathies, &c.; but it would be disrespectful, if not an insult to the profession, to lecture them upon the physiological sympathies existing between the mammæ and uterus. But I am not so certain but there is a great deal yet to be learned of the pathological, and, if such an expression may be used, therapeutical sympathies of those parts.—*Ohio Med. Journal.*

Tobacco-Smoke in Strangulated Hernia.—Dr. F. J. Stratton, of West Alexandria, Ohio, mentions a case in a communication in the *Western Lancet*, in which tobacco-smoke was employed by him in strangulated hernia. The *subject* was a young man of robust constitution and athletic frame, about *twenty-three years* of age. The protruded intestine resisted prolonged

efforts at reduction by the taxis, the use of opiates, and free venesection. Chloroform could not be employed on account of its unpleasant effect on the patient.

Dr. S. then prepared to operate, but, as a last resort, concluded to try the effect of throwing tobacco-smoke up the rectum. This was done by making a connection between the stem of a pipe, and a large-sized gum-elastic catheter, the latter being passed up the rectum. The bowl of the pipe being filled with strong tobacco, and ignited, an individual applied his mouth over it, and blew a large volume of smoke in. "In three minutes the patient complained of nausea, and a desire to evacuate his bowels," after which, the reduction was easily effected, and was followed by no unpleasant consequences.

Dr. S. remarks that "injections and fomentations of tobacco have often been used in reduction of strangulated hernia, both in Europe and this country, but from its powerful and sometimes fatal effects, has justly fallen into disuse. No such objection attaches to the use of the *smoke* of tobacco. While it relaxes the system as speedily and certainly as tobacco in any other form, the effect is transient, leaving but a slight degree of nervous prostration, which speedily passes off."

On the Duration of Medical Life in Prussia. By Dr. CASPER.—Dr. Casper has, in former publications, exhibited the short probability of life attached to the medical calling, as compared with that of various other occupations; and the present communication forms a kind of confirmatory appendix. The source whence it is drawn is the *Prussian Medical Calendar*, for 1851, which gives a list of all the Prussian physicians, and the dates of their diplomas. Dr. Casper, assuming the diploma to have been granted, upon an average, at the age of 23, thence deduces the present ages of the 3462 doctors. Of these, 33 only received their diplomas in the last century, that is, not 1 per cent. of living Prussian physicians are 74 years old and upwards. The Nestor of the profession is Dr. Druffel, of Münster, his diploma dating 1786, and his age being 87.

The next fact that results, is the remarkable preponderance of young physicians—not less than a fourth part of the entire number being between the ages of 24 and 29, the proportion in Berlin reaching to one third (31 per cent.). Again, almost the half of the entire number (47 1-5 per cent.) are between 24 and 34. The age of ripest experience and mental activity of men in general is from 45 to 60; but within this period hardly a fifth (21 1-7 per cent.) of the Prussian physicians are found, and only one sixteenth part (6 1-3 per cent.) of the body are above 60. Seeing, too, that the elder practitioners are chiefly consulted by the well-to-do portions of society, it results that the great mass of the public are in the hands of young physicians, as is also the carrying on of the literature and scientific progress of the profession. If we consider that almost one half of the profession is below 34, and that at this age the *nisus scribendi* especially prevails, on perusing any new work or article in a journal on practical medicine, we may estimate the probability at more than two to one that the writer who is instructing us is between 24 and 34 years of age, and we must appreciate his recommendations accordingly.—*Casper's Wochenschrift*, 1851, No. 3.

[Judging from the length of time that his valuable writings have been before the public, the learned author of this communication must have long since attained the age which he regards as that of medical maturity. But we think he is somewhat hard upon the younger members of the profession: and can scarcely pity a public that can command, at a moderate rate of payment, the active, mental, and bodily exertions which are brought into play prior to the age of 45. Certainly, it is often to be wished that the writing

part of the business were somewhat delayed.]—*Brit. and For. Med. Chirurg. Review.*

Very true; but it is next to impossible to get physicians of age and experience to write for medical journals, though they certainly *ought* to be the principal contributors to their pages. However, we have a few who, through the medium of our pages, are leaving a rich legacy to their younger brethren, in the shape of facts and observations. These, if properly studied and recorded by physicians of experience, will prove of lasting benefit to suffering humanity. We hope that our pages will become the medium of recording and diffusing the experience and observations of many more of this class of practitioners. *

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Obstetrical Auscultation. By M. M. ROGERS, M. D., of Rochester, N. Y.—I trust I shall be pardoned for the few suggestions I may make on the important subject of obstetrical auscultation. This branch of obstetrics, though by no means new, is still very little studied, and seldom called in requisition in practice. This is more especially the case with practitioners remote from large towns, where the spirit of medical investigation almost necessarily languishes for want of certain facilities to sharpen and stimulate it, which are afforded in cities. Among these means, are hospitals, medical schools, meetings of medical societies, easy access to new publications and new instruments, opportunities of dissections, and the frequent contact of the profession in consultation, &c.

But, fortunately, the branch of science in question can be studied as well in the country as in the cities; practitioners in the country have more obstetrical practice in proportion, than those in the cities. Obstetrical auscultation is, however, so far as I have observed, neglected to a very great extent, both in town and country. I believe comparatively few of the profession *habitually* call to their aid this means of diagnosis in cases of suspected pregnancy. There are several reasons why this is true:—

1. Because treatises on this subject are hardly to be had in this country, except such brief ones as are found in the works on obstetrics. 2. Our knowledge of it is not sufficiently thorough and practical, to cause us to give it the importance due, as a means of diagnosis. 3. Delicacy on the part of physicians as well as patients, in practising this mode, which, nevertheless, is far less repulsive, more delicate and certain in results, than the "*toucher.*"

This method, which is the only one by which a safe and certain diagnosis of pregnancy can be made, is usually the last proposed by the physician, and is considered by most women to be some "new experiment," to which they submit with distrust and reluctance. This ought not to be; the woman, and all other patients, should be taught what is required of them, and be induced to submit to such reasonable and necessary course as an intelligent physician may propose. But the time to dispense with obstetrical auscultation, or to doubt its utility in diagnosis, and prognosis also, is past—and those who neglect to avail themselves of its advantages, must be content with second-rate success and reputation in this branch. That this is the only means by which we can obtain *positive* evidence of pregnancy, needs no proof.

The facts which may be thus established are briefly: 1. After the fourth or fifth month, whether a fœtus exist in the uterus or not. 2. Whether there are more than one. 3. Whether the fœtus is living. 4. In many cases, whether it is in a state of disease or health. 5. What the presentation will be, before labor commences. 6. Whether there will be a large or

small amount of amniotic fluid. 7. After the fifteenth or sixteenth week, whether there be a placenta or mole, if no fœtus. These are points on which auscultation gives positive evidence: the absence of the fœtal "*tic-tac*" and "*soufflet*" or "*bruit placentaire,*" are only negative proof of the contrary of these propositions. The fœtal "*tic-tac*" can be confounded with no other sound; the "*bruit placentaire,*" only with aneurismal varix.

Any mode of diagnosis which enables us to establish so many important facts, cannot be unworthy of careful investigation.

I believe I hazard nothing in saying that any man of ordinary acuteness can acquire a *fair* knowledge of this branch of our profession, by fifty hours study, and ten days' practice on the living subject.

In a medico-legal point of view, this knowledge is of vast importance. But I will defer farther remarks for another number of this Journal.—*Buffalo Med. Journal.*

Surgical Cases.—By JOHN F. MAY, M. D., of Washington City.

CASE III.—*Laryngotomy—Foreign Body in the Larynx—Its Removal the day after the Operation.*—On the 20th of May, I was desired to see a child five years of age, in Georgetown, for the purpose of extracting a grain of coffee, supposed to have entered the windpipe. On the 14th, while running about the room, he was suddenly attacked with a very severe fit of spasmodic cough, and he at once told his father that he had *swallowed* the coffee, which, a few minutes before, had been seen in his mouth. The cough, I was told, was soon followed by difficult respiration, which at times, though very distressing, was succeeded by such intervals of calm and quiet breathing and moderation in the urgency of all the symptoms, that the physicians who had previously seen the child thought that the foreign substance might have been expelled in the efforts of coughing. At the period of my visit, however, six days after the accident, the symptoms had so increased in severity that it was very evident to all the little patient could not long survive unless he obtained speedy relief. The dyspnœa was extreme, the mother being obliged to hold him up constantly in her lap to assuage it, and he had scarcely slept at all for forty-eight hours.

Throughout the lungs and trachea there was a strong mucous rhonchus, the lips and neck were livid, and there was continually a frothy discharge from the mouth. The superior lobes of the lungs, at every inspiration, projected much above the clavicle. The external jugular veins were greatly distended, and the inferior extremities were cold up to the knees, although they had been repeatedly placed in hot mustard baths.

It was, in fact, plain that effusion must soon take place; I therefore lost no time in opening the larynx.

An incision was commenced near the os hyoides and extended downwards about an inch and a half. The sterno-hyoid and thyroid muscles were separated, and the hemorrhage, which, from the congestion of the parts, was freer than I anticipated, was arrested by compression with a sponge for a few minutes.

The crico-thyroid ligament and the cricoid cartilage were then divided, and the incision was also carried slightly upwards into the thyroid, making in all an opening of about half an inch. As soon as this was done, a large quantity of yellow mucus was ejected through it by a sudden attack of the cough. It was so considerable, and it so much resembled pus at the first glance, that one of the gentlemen present thought an abscess had been opened. This, however, soon ceased, and the little patient was breathing through the wound as quietly as possible; the lips became red, and in a few minutes after the operation he fell asleep upon the table, the most perfect relief being afforded by the opening in the larynx. The foreign body could not, however, be discovered; but the moment the wound was closed with

the fingers, the difficult respiration and the cough instantly returned as violent as before. I was satisfied that it was either lodged in one of the laryngeal pouches or about the rima glottidis. A probe curved, and wrapped with a soft piece of linen, was repeatedly passed to the upper part of the larynx with the hope of detaching the foreign body, but without success; and, finding that considerable irritation was produced by such efforts, I determined to leave the wound open until the next morning, in the hope that it might be expelled in the interval.* At my visit the next day, I found the child perfectly comfortable, and surrounded with his playthings. He had slept quietly all night, and was still breathing calmly through the wound; but, on closing the opening with the finger, the dyspnœa and cough, in all their violence, instantly returned.

On my return home the previous evening, I prepared a small whalebone probang, the sponge of which was caculated to fit the larynx rather closely, and thus to force anything it might encounter past the epiglottis. This I now introduced through the wound and forced it upwards until, by looking in the mouth, I saw it pass the epiglottis. This was again repeated, and the instrument extracted. I now found I could close the wound perfectly without any recurrence of the cough or the least embarrassment in the respiration. I therefore brought the edges of it closely together by means of a single suture and adhesive plaster, and the little patient continued to breathe calmly by the natural passage. Two leeches were directed to be placed on each side of the larynx; and being perfectly satisfied that the obstacle had been dislodged by the probang, and had fallen back into the pharynx, and had been swallowed, I ordered a tablespoonful of castor oil to be given, and requested that the evacuations produced by it should be carefully examined.

This opinion proved to be correct, for the grain of coffee was found entire in the first discharge caused by the purgative. The wound granulated and cicatrized kindly, notwithstanding the manipulations to which it had been exposed; and the child was soon about and well, with the exception of a hoarseness and roughness in the voice, which continued several weeks and then gradually subsided.

When foreign bodies are lodged in the larynx, above the opening which has been made for their removal, it is recommended that curved forceps and bent probes or scoops should be introduced for the purpose of seizing and extracting them. When the substance is large, and easily felt, these instruments no doubt may be used with advantage; but if it is small, and fixed between the vocal cords, or partially in the rima glottidis, or in the laryngeal pouches, I should think this mode of proceeding must be generally difficult and uncertain. I found it impossible to succeed in this way, and after several trials, the only result being an increase of irritation, I desisted, and used the probang the next day, as already stated. I do not recollect to have seen any account of a foreign body having been removed in the same way from the larynx, though I should think a like proceeding would naturally suggest itself to the surgeon under similar circumstances.

Case IV.—*Tracheotomy—Foreign Body in the Trachea.*—Mr. S., of Montgomery County, Maryland, requested me to visit his child at his residence, about twenty miles from Washington, for the purpose of removing a grain of corn which it was believed had fallen into the trachea.

On arriving at his house, I found the little patient (about five years of

* M. Velpeau (New Elements of Operative Surgery, article Bronchotomy) observes: "It is remarked in this and all other cases, that the upper parts of the air-tube about *the glottis* may be freely explored without causing any irritation, whereas it is the *reverse in the direction* towards the bronchi." In this case, the introduction of the *probe upwards caused* very decided irritation.

age) breathing with great difficulty, and distressed every few minutes with violent fits of spasmodic cough very much like croup. He had been playing with several grains of corn in his mouth, the preceding evening, about sundown, when he was suddenly seized with the cough. This had continued through the night, accompanied with difficult respiration, which had gradually increased to a degree that was truly distressing to witness when I saw him. Different efforts had been made by the physician in attendance with emetics, and by placing the head downwards, to expel the foreign body, which, from his appearance and symptoms, I was at once satisfied had fallen into the windpipe; and from their urgence, I decided on opening it without delay. An incision about one inch and a half in length was made over the trachea, which, commencing a little above the cricoid cartilage, was extended downwards in the median line nearly to the sternum. The neck was very fat and short, the little patient having frequently been attacked with croup, and the trachea was consequently at a greater depth than usual from the surface; and I may here remark that I have found the operation of tracheotomy, though simple in the adult, to be attended with much more difficulty in a young child of much *embonpoint.*

There was considerable hemorrhage as the incision was deepened, and I found it necessary to tie an arterial branch which poured out blood quite freely; and then, by holding a small piece of sponge for a few moments in the wound, the oozing, which was principally venous, was soon completely arrested. The trachea was found to be very tender, and the child evinced much suffering whenever it was touched with the finger. The foreign substance could not be distinctly heard and felt to strike against it, and with considerable force, at every expiration. The point at which this occurred was uniformly the same, and just below the cricoid cartilage, and I therefore decided to make the opening at that point instead of dividing the cricothyroid membrane. Upon cutting three or four rings of the trachea, the corn could be plainly seen to approach the opening at every expiration, descending alternately during inspiration, thus playing continually up and down. I several times attempted to seize it with the forceps as it flew upwards, and also to dislodge it by dilating the wound; but, failing in this, a curved probe was introduced, with which it was suddenly caught and detained in its ascent until extracted.

The relief was instantaneous, and, after taking a few swallows of water, the little patient fell into a sound sleep. The edges of the wound were brought together with two fine sutures and a strip of adhesive plaster. Union by the first intention followed, and in a week he was as well as usual. —*Am. Journ. of Med. Sciences.*

Carbonate of Lead—its application to Scalds and Burns.—By G. R. Henry, M. D.—This remedy, though spoken favorably of by all who have given it a trial—since first brought prominently before the profession by Dr. Gross, in his edition of "Liston's Surgery"—is not, I think, sufficiently known and estimated by physicians in general.

At the risk of being considered tiresome by your readers, I report the following cases, occurring in the practice of my father and myself.

May 10, 1850.—Was called to see a child of Mr. McF., about one year old, which, in the temporary absence of its mother, had been most dreadfully scalded, by the overturning of a large pot of boiling water, the most of which fell upon its breast and neck, though smaller injuries were inflicted upon each of its extremities. The lungs almost immediately gave evidence of disease; and although we judged it a hopeless case, the carbonate was applied freely over the scalded surface, in fact almost covering the child with it, and a free dose of laudanum was given. These measures relieved the suffering; but the patient died in about sixteen hours after the *accident,* apparently from extensive disease of the respiratory appara-

tus. No depressing effect (as has been feared by some) followed the extensive application of the lead.

July 14, 1851.—Sent for in haste to see Minnie C., four years old, who had pulled over a teapot, pouring its boiling contents upon herself, scalding the throat, front and sides of the thorax, extending on the right side entirely over the scapula to the posterior median line, and the inner surface of both arms, a small space remaining intact, immediately in each axilla. The scald upon the neck and front of the thorax was superficial, the skin alone being affected, owing to the facility with which the fluid flowed off. Not so, however, with the arm and sides; here the muscles were affected. The child was in great agony, screaming and crying, but by the time she was well *painted*, she had fallen into a gentle sleep. She was then wrapped in raw cotton, and passed a comfortable night. This first dressing was not changed until the third day; after which, for eight or ten days, the cotton was removed daily, and the sores washed with Castile soap (as the warm weather and profuse discharge rendered cleanliness of the first importance), the carbonate and cotton being then reapplied. About the twelfth day olive oil was substituted in place of the lead. Some little inflammation of the lungs, with fever and constitutional irritation, supervened in this case, but was easily controlled by the ordinary remedies—and the patient was discharged July 28, almost well, there being small sores remaining upon the arms and right side, which healed without further trouble. Adhesion of the extremities to the trunk, and contraction of the axillary muscles, were prevented, by that space being well padded with cotton. In this case a cure was accomplished, as soon, certainly, as could have been done by any other method.

October 31, 1851.—Saw Henry T., six years old, who had just been severely burned by his clothes having caught fire, and being nearly consumed before they could be removed from his body. His throat, breast, right side and arm were burned, the left escaping. The lead dressing was applied, with almost immediate relief from pain. High fever followed in the course of a few days, and required the use of antimonials, &c. This treatment was continued for a week or ten days, the boy improving so that his mother thought she could manage the case, and it was then given into her hands; but not progressing well, it was returned to us Nov. 26. There then appeared two large irritable ulcers, with exuberant granulations of a weak, spongy nature—one on the side of the thorax, and one on the inner side of the arm. The nitrate of silver in substance was applied to the granulations, "fatty ointment" to the surface of the sores, and Henry was finally discharged well, Dec. 6th.

I should state that this was a very ungovernable child, and consequently the dressings were applied very irregularly, during the intermission of medical treatment. *Burns* I believe to be longer in healing than *scalds* of equal depth and size, though I know no reason why this should be; but this is my experience.

I do not pretend to offer anything new to the profession, but merely to call attention to a remedy, which I think has not the importance attached to it which it deserves.

The best mode of applying the white lead is with a soft brush (I prefer a shaving brush), having first brought it to the consistence of cream by the addition of linseed oil, and thus spreading it over the whole inflamed surface.

Its *modus operandi* I do not attempt to explain; but, for efficiency and appropriateness to all cases, I think this remedy second to none. I have never seen it cause any symptoms of *colica pictonum*, or in any way have a bad effect upon the local disease or upon the general health of the patient, *though applied* as above in some severe cases, as well as in others of less *importance.—Boston Med. and Surg.* Journal.

THE

NEW JERSEY MEDICAL REPORTER.

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Cases of Fracture of the Skull, with Loss of Brain. By ARIEL HUNTON, M. D.

IN the February number of the *Reporter*, p. 133, there is the relation of a case of fracture of the skull, with loss of a portion of the substance of the brain.

On those injuries, I propose to relate some of my experience. I recollect, in my childhood, a schoolmate of mine was kicked by a horse, the skull fractured, and the loss (as then reported) of a tablespoonful of the brain; the *gossip* then was: "The boy cannot survive the loss of such an important part, ever so diminutive."

Soon it was rumored the lad would recover; then the opinion was rife: "He will be idiotic."

There was a complete recovery, and no discernible want of intellect. This occurrence took place more than fifty years since, and the man is now living, and in the enjoyment of good health.

Now to my own experience.

CASE I.—*Nov.* 7, 1836, I was called to Eden, distant ten miles, to a lad some ten years of age, by the name of Wheelock, with a fractured skull, in consequence of falling the distance of twenty-two feet, on the plank floor of a barn.

The fracture was on the right side of the frontal bone, nearly over the *bump* of ideality; down to the eyebrow. There were seven pieces of fractured bone removed, and with each piece a portion of the brain. This operation was performed in the evening; the next morning consciousness had returned; and at no time during his recovery were there discovered aberrations of mind.

I visited this patient the 9th, 12th, 15th, and 23d; the intervening days between my visits were supplied by my friend Dr. William C. Stowell. There was a complete recovery, with no untoward symptoms, and no *discoverable* want of any portion of mind.

CASE II.—*Sept.* 26, 1847, was called to J. C. N., of Morristown, three miles from my residence, whose age was sixteen; his skull was fractured by the kick of a horse; he was conveyed to the house perfectly insensible, and remained so through the operation, and for several days subsequently did not convey any catenation of ideas.

The fracture was on the left side of the frontal bone, extending to the coronal suture. With the removal of most of the fractured pieces of bone, parts of the brain were discernible. In searching for pieces of bone and coagula within the cranium, portions of the brain were removed by the fingers, and portions were discovered on the removal of several of the first dressings.

It was several days before the lad was conscious of his sayings; his memory was so impaired, he could not communicate his ideas intelligibly, which was very annoying to him.

I visited him one morning, and found him in a highly excited and exhausted state, worrying and scolding for milk. He could not remember the name: "Give me some of that I want!" he would say. "What do you want, Joseph?" would be asked: "You *know* what I want, give it me!" with the use of profane language. After teasing and fretting about an hour, until he was much exhausted, and every expedient had failed to ascertain his wants, he asked his mother "what she put in her tea?" "Is it *milk* you want, Joseph?" the mother replied. "*Yes*," he answered: "you *knew* what I wanted," and talked sailor language.

At another of my visits, I found him in a similar excitement; he wanted his *trunk*. The nurse could not divine what he desired, and there was no pacifying him; he would say to those about him, "it looks some like that," pointing to a box over the fireplace, containing some house-plants.

When I entered his room, he addressed me, and said: "Doctor,

what do you carry your medicine in?" He was immediately asked: "Is it your trunk you want?" "*Yes*, my *trunk*," with a severe and harsh reprimand to his attendants. Those excitements would cause a furious pulsation in the wound, which would take several hours to allay.

Fungus Cerebri appeared in the wound to considerable extent, which I attributed (perhaps wrongfully) to those excitements, which caused a profuse flow of blood to the wound.

No means, or remedies, other than compress over the dressings to eradicate the fungus, were resorted to.

I attended my patient daily, and twice a day, from the 26th September to the 23d October, when he was so far recovered that I discontinued my visits, and left him, with directions, to the care of his friends.

It was months before his memory returned. In writing a letter, he would ask how to spell certain words; would ask the reason he could not spell them, saying he once knew how. When the reason was made known to him, the tears would stand in his eyes.

It was three years before his mind became normal; and at times, when excited by alcoholic drinks, aberrations of mind were discoverable.

Case III.—The patient aged thirty-three years.

This case is not referable to the same category with the other two, but it is interesting in many respects.

Oct. 13, 1834, I was called to D. C., in Elmore, eleven miles from my residence. Mr. C. was thrown from his carriage, and struck on a stone on one of the parietal bones, whether right or left, I am not positive; he was taken up for dead, and conveyed to the nearest house. On examination, I could not discover any fracture or depression. Reaction took place before morning, and blood was drawn, to the softening of the pulse; cathartics and febrifuges administered, quietness enjoined, and the room darkened.

On the 17th, or 5th of the illness, the friends and neighbors were dissatisfied, because I did not apply the trephine, and sent

to Hanover for Dr. Mussey; he could not respond to the call, and sent a substitute, who sustained me, in refraining from an operation; but recommended the use of tr. of sem. stramonium, in portions sufficient to dilate the pupil.

The patient was confined to his room, with gradual amendment, in quietness and darkness, to the 26th October, when he was permitted to visit the kitchen, and eat with the family.

He was not at this time capable of expressing his ideas correctly; indeed, he talked very little; seldom spoke, except when he was spoken to.

October 29th, visited my patient; he appeared to be slowly improving, but far from loquacious; said very little, except to answer questions; I now discontinued my visits.

His health and faculties have become perfectly restored.

HYDEPARK, *April* 12, 1852.

Tracheotomy in Croup.

THE following history of a case of tracheotomy in croup has been sent to us by our venerable friend Dr. L. Condict, of Morristown, in this State. The operation was performed more than twenty-three years ago, and resulted satisfactorily to all concerned. It is one of the few rare instances of success in tracheotomy for the relief of croup, and on that account should be preserved. The case seems to have been written out by Dr. Pitney, for the friends of the patient.—ED.

Tracheotomy in the Croup or Rattles.—Margaret, daughter of Professor H. Mills, of the Auburn Theological Seminary, aged four years, and of a plethoric habit, was severely attacked with the croup on the first of last month, and the most efficient means were immediately employed and administered for her relief, and their application was continued through the course of eight or ten days, with temporary remissions in the symptoms, of increas-

ing inflammation, filling of the windpipe, and sympathetic affection of the lungs, but without any permanent relief.

At the end of the above period it was deemed altogether useless to attempt the farther administration of the usual remedies in that stage of the disease, as the child (with its pulse scarcely perceptible), in the opinion of all persons present, could live only a short time, from interrupted respiration occasioned by the swelling, and formation of a preternatural membrane in the upper portion of the windpipe.

In this critical state, and as the only means of relief, the operation of tracheotomy, or opening the windpipe directly above the breast bone, was advised and performed by Dr. Joseph T. Pitney, of this village, in the presence of a number of medical gentlemen. After having cut with great caution, more than one inch deep, through various parts, the windpipe was exposed to view, and an incision made transversely into it, through which there was an instantaneous gush of bloody muco-purulent matter.*

To facilitate respiration, and the discharge of mucus from the lungs and trachea, the opening was then enlarged by cutting out a small portion of the windpipe, through which she breathed and expectorated freely, and was completely relieved.

Her pulse instantly rose, and became distinct and regular.

A silver tube was then introduced lest the sides of the wound might collapse, but from apprehensions of its irritation, and obstruction to the free discharge of mucus, it was presently removed, and no necessity occurred for replacing it.

From this time she began to improve slowly, and continued to breathe freely through the artificial opening eight days after the operation.

From the diseased state of the windpipe, and its innumerable ramifications through the lungs, the little patient coughed very much, and during the first four days after the operation, expec-

* The external length of the incision about one and a half inch, the blood discharged in the operation not more, perhaps, than a tablespoonful; the beating of the adjacent arteries very apparent on the sides of the wound; the little girl, though perfectly sensible (having taken nothing to stupefy), endured the whole process without a resisting movement of limb or muscle. —H. M.

torated through the opening daily, more than half a pint of mucopurulent matter, with shreds or pieces of preternatural membrane streaked with blood.

After this period, the cough and expectoration gradually lessened, and she improved much faster than was anticipated.

During the first four days after the operation, she was rational,* and had a comparatively requisite portion of strength, but was perfectly speechless, as the air did not pass from the lungs through the fauces or throat, the upper portion of the windpipe having entirely closed.

She manifested her wishes by motions.

On the fifth day it was discovered that a very little air passed through the mouth, and for the first time, with difficulty, she was heard to whisper.

On the eighth day from the operation, the cough and expectoration through the aperture having very much abated, it was ascertained by experiment that she could breathe with tolerable ease through her mouth; the wound was therefore closed, and on the sixteenth day from the operation it was healed, and she walked about the floor and spoke, and continues to speak, with an audible voice.

Her diet after the operation was new sweet milk, which she swallowed without difficulty.

In the recovery of this patient, much credit is due to the unremitting attention of the nurse in clearing the artificial opening of pieces of membrane, and a profusion of matter which was constantly thrown into it during the first week after the operation.

AUBURN, *December* 8, 1828.

N. B. On examining various medical journals and systematic works published in the United States, we can find but two cases reported of tracheotomy having been performed for the croup or rattles in the United States, and in those cases the operation was performed by Dr. Physick, of Philadelphia, but both patients died.

* She was rational in every stage of the disorder.—H. M.

AUBURN, *December* 12, 1828.

DEAR SIR: Believing that the preceding statement, drawn up by Dr. Pitney, might interest you as a physician, I transmit it to you with some supplementary notes. It is a case which has excited considerable notice here; and, as you may well suppose, has been one of intense interest to myself and family. The little girl is spared to us after hope had been extinguished; she is to us as one raised from the dead. The immediate relief effected by the operation was succeeded by a state of the patient extremely dubious and critical, requiring attentions unremitted, judicious, and difficult. We were happy in a faithful nurse, who was ever at hand to do what the nerves of casual attendants and the preference of the patient would not suffer them to perform. But, above all, God in his wonderful mercy gave success to the means, and no *medicines* were found requisite after the operation was performed. The little patient heard the consultation of the physicians, and their apprehensions of her resistance; and, on her being taken up for the operation, she said: "I will hold still if you won't give me any more medicine." She kept *her word*, and a wonderful Providence enabled them to keep theirs. I am writing to a physician who is also a *father*, and I will not apologize for such particulars.

If your public and other cares leave you leisure, I should be happy to have any remarks you may feel disposed to make; and any inquiries calling for further particulars shall be promptly answered. The little girl has this moment come into my study, is playful, and though not completely restored to her strength, seems free from disease, and the scar of the wound will be scarcely perceptible.

With much esteem,
Yours,
HENRY MILLS.

DR. LEWIS CONDICT.

EDITORIAL.

☞ *By an unfortunate error, the May number of the Reporter was not sent to our subscribers and exchanges in Philadelphia, until about the middle of the month.*

AMERICAN MEDICAL ASSOCIATION.

It was our privilege to attend the late meeting of the great Medical Congress, which sat at Richmond last month. It was an harmonious meeting.

But one spirit seemed to prevail, and that, the spirit of progress; but one desire appeared to animate the whole assembly, and that, the desire to elevate and improve the character of our profession. Twenty-seven States of the Union were represented, and our own New Jersey appeared in the persons of eight of her sons. In addition to one representative from the State Society, delegates from the counties of Essex, Burlington, Camden, Gloucester, and Cumberland were present. The Resolutions adopted by several district Societies, regarding county representation, were before the Committee to whom the subject was referred, and though the Committee did not adopt the suggestion contained in them, they were, nevertheless, respectfully entertained and candidly considered. A distinct proposition, embracing the principle advocated by the Resolutions referred to, was submitted by a member of the Association as a proposed alteration in the Constitution, to be acted on next year.

We regret that our account of the meeting is not more complete, but we hope, in our next number, to finish it. We need scarcely say that the hospitality of the physicians and citizens of Richmond was alike generous and elegant. A pleasant instance of variety in the way of entertainment was enjoyed in the acceptance of an invitation from the President and Directors of the Danville Railroad, to take a trip on their new route for about fifty miles towards the south-western boundary of the State, where a dinner was provided in the woods for all who chose to exercise their gastronomic powers in the demolition of Virginia bacon, and its varied accompaniments.

Our Last Number.

We would call the attention of New Jersey physicians to the fact that abstracts of proceedings of district Medical Societies are generally acceptable to our readers, and useful to the profession. We hope that secretaries of county Societies all over the State will follow the example furnished in our last number, from Mercer, Burlington, Cumberland, and Sussex. The variety and appropriate length of original communications, in the last issue of the Reporter, are also worthy of commendatory remarks.

Pennsylvania Medical College.

We had space in our last, barely to mention the fact that this school had been newly organized. As a medical school it has, especially of late years, gained for itself a good reputation, and we feel assured that it must prosper, under the very able faculty now at its head. The newly-created professors will bring with them all the energy and ardor of youth, while the reputation they have sustained for many years past as medical teachers in Philadelphia, will give assurance that they are fully equal to the new duties they have been thus called to fulfil. We wish the faculty success, and hope they will never yield to the temptation (so strong, in these days of rival medical schools) to compromise the dignity of their calling as instructors in medi-

cine, and endeavor to increase the number of their students, by resorting to the equivocal policy of lowering an elevated standard, to attract the attention of those who are incapable of *looking high.*

In our last there was an error. G. Smith, M. D., should have been F. G. Smith, M. D. We congratulate our *confrère* of the *Examiner* on this renewed proof of the confidence the profession repose in him. *

EDITOR'S TABLE.

"THE cry is still they come." We shall soon be obliged to "pull down our barns, and build greater," for the accommodation of the increasing number of our medical exchanges. We have occasion to notice the following, received since our last:—

L'Abeille Médicale, M. le docteur Comet, Directeur-Propriétaire, Boulevard des Italiens, No. 9, Paris.

This journal, which is in its ninth year, is a semi-monthly publication, and is very acceptable. It contains full reports of the doings of the Academy of Sciences, and the Academy of Medicine. We hope to enrich our pages with translations from it.

The East Tennessee Record of Medicine and Surgery. Edited by Frank A. Ramsey, A. M., M. D., Knoxville, Tenn.

We have received the first number of this journal, which is published under the auspices of the East Tennessee Medical Society. It is to be issued quarterly; 100 pages octavo, at two dollars per annum in advance. It has a well-assorted variety of reading matter, and gives promise of being a good representative of the Society under whose auspices it is published.

The New Orleans Monthly Medical Register. Edited by A. Forster Axson, M. D. Twelve pages of closely printed matter per month, at *one dollar* a year ALWAYS in advance. This is one of the most interesting journals we receive. The class of contributors seems to be superior—the selections are judicious and good. We promise ourselves much pleasure and profit in the perusal of it, and can heartily recommend it to any of our readers, who wish to procure a medical work from that section of the country. We like the editor's provision that payment must ALWAYS be in advance, and advise him to adhere to it, for then he will know just how he stands. If we had made that a *sine qua non* from the start, it would have saved us some trouble, annoyance, and expense, as well as the necessity of enforcing a rule hereafter, which is the only sure guarantee of prosperity in periodical publication. When we do enforce that rule, we fear many of our subscribers will have their supplies cut off.

The Canada Medical Journal and Monthly Record of Medical Science. Edited by R. L. Macdonnell, M. D., &c., and A. H. David, M. D., &c. Monthly; 63 pages; three dollars per annum in advance. Like the Phœnix, which

> "Mounts from her funeral pyre on wings of flame,
> And soars and shines, another and the same,"

the *Canada Medical Journal* has sprung from the ashes of the *British American Medical and Physical Journal*, well plumed, and giving promise of a long and useful life. The former has one element of success which the latter had not, viz.: it aims to meet the wants of the *French*, as well as the English portion of the profession in Canada. May its experience be different from that of its predecessor! We welcome the above journals in exchange.

What has become of the *New York Medical Times?* It has not been received since February, while the *Reporter* has been regularly sent. Has it been received? Please forward the numbers wanting, and exchange.

We know not what sin (in journalism) we have committed, mortal or venial, that we should be overwhelmed, as we have been of late, with such a storm of Botanical, Thompsonian, Physo-medical and quasi-"Reform" publications! It is more than we can do, to do justice to our numerous exchanges of an unequivocal character and reputation, without wasting time on the special appeals to popular prejudices, and other frivolous matters, contained in these publications. We decline. *

AMERICAN MEDICAL ASSOCIATION.

Abstract of Proceedings of its late meeting held at Richmond, Va., May 4, 1852.

RICHMOND, May 4, 1852.

THE Association met in the Second Presbyterian Church, at 11 o'clock. The President, Dr. Moultrie, of Charleston, S. C., in the chair.

Dr. James Beale, Chairman of the Committee of Reception, welcomed the delegates to the city of Richmond.

Dr. Haxall, Chairman of Committee of Arrangements, read a list of the delegates who were present, and registered.

Dr. Hays, of Pa., offered the following resolution:—

Resolved, That a committee of one from each State, to be selected by its delegation, be appointed to nominate suitable officers for the Association.

The resolution having been adopted, a recess of ten minutes was taken, to allow the delegations opportunity to appoint the Nominating Committee.

At the expiration of the recess, the President announced the following committee.

Nominating Committee.

Isaac Lincoln,	*Maine.*	J. H. Dickson,	*N. C.*
Jeremiah Blake,	*N. H.*	H. R. Frost,	*S. C.*
Jacob Bigelow,	*Mass.*	C. B. Nottingham,	*Geo.*
H. W. Rivers,	*R. I.*	A. Lopez,	*Ala.*
Chas. Hooker,	*Conn.*	W. L. Sutton,	*Ky.*
Jos. M. Smith,	*N. Y.*	C. A. Pope,	*Mo.*
G. R. Chetwood,	*N. J.*	D. Tilden,	*Ohio.*
G. W. Norris,	*Penn.*	D. Brainard,	*Ill.*
H. T. Askew,	*Del.*	Z. Pitcher,	*Mich.*
G. S. Gibson,	*Md.*	J. H. Rauch,	*Iowa.*
C. Boyle,	*D. C.*	Paul T. Eve,	*Tenn.*
James Beale,	*Va.*		

After the calling of the roll, the President delivered the Annual Address.

The Nominating Committee then reported the following gentlemen officers of the Association for the present year.

For President—BEVERLY R. WELLFORD, M. D., of Va.

For Vice-Presidents—JONATHAN KNIGHT, M. D., of Conn., JAMES W. THOMPSON, M. D., of Del., THOS. S. SIMONS, M. D., of S. C., CHAS A. POPE, M. D., Missouri.

For Treasurer—D. FRANCIS CONDIE, M. D., Pa.

The officers thus nominated were duly elected, and the committee requested to nominate Secretaries, and to decide upon the next place of meeting.

On motion, Drs. Jno. L. Atlee, of Pa., Haxall, of Va., and Eve, of Tenn., were appointed a committee to wait upon Dr. Wellford, and announce his election, and conduct him to the chair. Dr. Wellford having taken the chair returned his thanks for the honor conferred upon him.

Dr. Haxall, of Va., offered the following preamble and resolution, which were unanimously adopted:—

"The American Med. Society in Paris being so constituted, that it would be entitled to representation if it existed in this country, and as it is recognized abroad as an American institution;

"*Resolved*, That the delegates accredited to the Association by the American Medical Society in Paris, be, and are hereby invited to take seats in this body."

Dr. Paul Lajus offered the following resolution, which was adopted:—

Resolved, That Dr. Brown-Sequard of Paris be invited to occupy a seat among the delegates at the present meeting of the Association.

Dr. Isaac Hays read the Report of the Committee on Publication, and the report of the Treasurer. They were received, and the following resolutions appended to the report of the Committee of Publication were unanimously adopted:—

Resolved, That the assessment for the present year be three dollars.

Resolved, That the Committee of Publication be authorized to fix the price at which the Transactions for the present year will be furnished to such of the members of the Association as shall remit the amount decided upon by the committee within a specified time (to be fixed by them). And that it shall be the duty of the said committee, to issue a circular, informing the members of the terms upon which the transactions will be furnished them.

Resolved, That the Committee be further authorized to take such measures in the disposal of the copies of the Transactions, remaining after all such numbers are supplied, as shall comply with the terms set forth in the circular of the Committee, as they may deem expedient.

Dr. Hayward presented the report from the Committee on Prize Essays, and broke the seal of the packet, containing the name of the author of the essay entitled, "*On Variations of Pitch in Percussion and Respiratory Sounds, and their Application to Physical Diagnosis*," which was deemed worthy of the prize. The author proved to be Dr. Austin Flint, of Buffalo, N. Y., to whom the prize was awarded, and the report referred to the Committee of Publication.

The Report of the Committee on the Medical Botany of the U. S. for 1850–51 from Dr. A. Clapp, Conn., was presented and referred to the Committee of Publication.

Dr. R. W. Haxall, of Va., read a short report of the progress of the Committee on the Epidemics of Virginia and North Carolina, and asked to be continued; which request was granted.

On motion of Dr. Gooch, the Editorial Corps were invited to take seats on the floor.

The Secretary stated that he had transmitted copies of the preamble and resolutions of 1850–51, relative to assimilated rank of the medical staff of the army and navy, to the several departments ordered by the resolutions, and that the chief of the Bureau of Medicine and Surgery at Washington had approved the course recommended by the Association in a letter which was read. Dr. Pinkney, of the Navy, asked leave to read a memorial, which he had prepared to present to Congress on this subject, which he sustained in a lengthened and forcible speech—after which Dr. Cox, of Md., offered resolutions expressive of the approval of the Association in the matter, &c. &c.—which resolutions were referred to a special committee.

Dr. Simons, of S. C., offered the following resolutions:—

Resolved, That the American Medical Association do memorialize Congress to require all vessels bringing steerage passengers over to have a surgeon on board.

Resolved, That a committee of this Association be appointed to draw up a memorial to Congress, making such suggestions as they may deem fit as regards the importance of this measure.

The Report of the Committee upon the Constitution being the special order, Dr. Hays, chairman of the Committee, made a report. Dr. T. H. Yardley, a member of the committee, presented a counter-report. Much discussion ensued, and many resolutions and amendments were proposed, and withdrawn in favor of the following resolution, offered by Dr. Thomas, of Md., and amended by Dr. Stewart, of N. Y.

Resolved, That the two Reports, on proposed alterations of the Constitution, be referred to a committee of three, to be appointed by the chair, with instructions to report to-morrow morning in definite and proper form, such amendments as will embrace the views set forth in the reports, and such other views as may appear to them advisable.

The resolution was adopted.

The Secretary read the following communication from the New York Academy of Medicine, which on motion was referred to the publishing committee, and ordered to be printed.

NEW YORK ACADEMY OF MEDICINE,
NEW YORK, *April* 22, 1852.

SIR: I have the honor to transmit to you a copy of the preamble and resolutions adopted at a regular meeting of the New York Academy of Medicine, held April 21, 1852:—

Whereas, The clinics, now held at the medical colleges, as at present conducted, are, or may be made tributary to the private interests of the professors, at the expense of other and younger members of the profession: depriving them, by an odious monopoly, of practice and operations, and often of *fees* to which they are justly entitled.

Therefore Resolved, As the sense of this Academy, that to prescribe or practice upon the legitimate patients of any other physician, knowing them to be such, although done gratuitously at a clinic, is equally unwarrantable and unprofessional, with similar interference with the patients of another in private practice, and in either case is a violation of the code of medical ethics adopted by this body.

Resolved, That the possible perversion of these clinics, to the private emolument of those conducting them, by transferring patients to their private offices, and then exacting fees from those found able to pay, divests the clinics of all pretext for professing to be public charities, and should be scrupulously guarded against in all our colleges by stringent rules.

Resolved, That a copy of these resolutions be sent to the authorities of the several medical colleges in this city.

The Secretary was also instructed to forward a copy of these resolutions to the American Medical Association.

Respectfully yours,
JACKSON BALTON, M. D.
Recording Secretary.

Dr. Eve, from the committee on nominations, recommended the following additional officers for the ensuing year:—

For Secretaries—Drs. P. CLAIBORNE GOOCH, of Va., and EDW. L. BEADLE, of N. Y.

Committee of Publication—Drs. D. F. CONDIE, of Pa., ISAAC HAYS, of Pa., P. C. GOOCH, of Va., E. L. BEADLE, of N. Y., ISAAC PARRISH, of Pa., G. EMERSON, of Pa., G. W. NORRIS, of Pa.

Committee of Arrangements—Drs. T. CAMPBELL STEWART, of N. Y., JOHN WATSON, of N. Y., WM. ROCKWELL, of N. Y., JAMES R. WOOD, of N. Y., ROBT. WATTS, Jr., of N. Y., ALFRED POST, of N. Y., JOHN G. ADAMS, of N. Y., H. D. BULKLEY, of N. Y.

On motion, the Report was received, and the gentlemen named were unanimously elected officers of the Association.

The Report of the Committee on "The Blending and Conversion of the Types of Fever," was next read by Dr. C. B. Williman, S. C. (in place of Dr. Dickson, not present), and referred to the Committee of Publication.

Dr. Hayward, of Mass., presented and read a Report upon the Radical Cure of Hernia, which was also referred to the Publishing Committee.

Dr. Greene, of N. Y., offered the following resolutions:—

Resolved, That at all future meetings of this Association, the reports of Committees and all contributions on scientific subjects, occupying more than ten pages of quarto post manuscript, be accompanied each by an abstract or synopsis embracing the principal points of such report or paper, which abstract or synopsis may be read before the Association.

Resolved, That the above resolution be transmitted to the Chairman of each Committee.

The thanks of the Association were presented to the physicians and citizens of Virginia, to the Trustees of the Second Presbyterian Church, to the Committee of Arrangements, and to the Managers of the Danville Railroad Company for their kindness and attention to its members.

The following committee was appointed to report what action this Association should take in order to procure, for distribution among the medical profession of the United States, a large edition of the medical statistics of the country, as furnished by the late census, viz.: Drs. Simons, of S. C., Boyle, of D. C., Sumner, of Conn.

The following Committee was appointed to report on the relation between climate and pulmonary consumption, viz.: Drs. D. F. Condie, R. E. Rodgers, James M. Smith, Moultrie, and McGuire.

On motion of Dr. Rockwell, it was *Resolved*, That the Committee to memorialize Congress on the subject of compelling passenger vessels to carry surgeons, be directed also to call their attention to the importance of giving to each steerage passenger a certain amount of space between decks.

The Nominating Committee reported the following special Committees:—

D. F. Condie, Philadelphia, Causes of Tubercular Disease.

James Jones, New Orleans, The Mutual Relations of Yellow and Bilious Remittent Fevers.

R. S. Homes, St. Louis, Missouri, Epidemic Erysipelas.

Charles D. Meigs, Philadelphia, Acute and Chronic Diseases of the Neck of the Uterus.

J. P. Jervey, Charleston, South Carolina, Dengue.
Daniel Drake, Cincinnati, Milk Sickness, so called.
Dr. Lopez, Mobile, Prevalence of Idiopathic Tetanus.
George B. Wood, Philadelphia, Diseases of Parasitic Origin.
R. D. Arnold, Savannah, the Physiological Peculiarities and Diseases of Negroes.
Joseph Carson, Philadelphia, Alkaloids which may be substituted for Quinia.
S. D. Gross, Louisville, Ky., Results of Surgical Operations for the relief of Malignant Diseases.
James R. Wood, New York, Statistics of the Operation for the Removal of Stone in the Bladder.
Alexander H. Stevens, New York, Sanitary Principles applicable to the Construction of Dwellings.
G. Emerson, Philadelphia, Agency of the Refrigeration produced through Upward Radiation of Heat, as an Exciting Cause of Disease.
Henry J. Bigelow, Boston, The best Means of making Pressure in Reducible Hernia.
A. T. B. Merritt, Richmond, Cholera and its Relations to Congestive Fever; their Analogy or Identity.
Usher Parsons, Providence, R. I., Displacement of the Uterus.
H. F. Campbell, Augusta, Ga., Typhoid Fever.
Worthington Hooker, Connecticut, Epidemics of New England and New York.
Jno. L. Atlee, Lancaster, Pa., Epidemics of New Jersey, Pennsylvania, Delaware, and Maryland.
Robt. W. Haxall, Richmond, Va., Epidemics of Virginia and North Carolina.
William M. Boling, Montgomery, Ala., Epidemics of South Carolina, Georgia, Florida, and Alabama.
Edward H. Barton, New Orleans, Epidemics of Mississippi, Louisiana, Texas, and Arkansas.
Dr. Sutton, Georgetown, Ky., Epidemics of Tennessee and Kentucky.
Thomas Reyburn, St. Louis, Mo., Epidemics of Missouri, Illinois, Iowa, and Wisconsin.
George Mendenhall, Cincinnati, Ohio, Epidemics of Ohio, Indiana, and Michigan.

Committee on Volunteer Communications.

Joseph M. Smith,
Jno. A. Swett,
Willard Parker,
Gurdon Buck,
Alfred C. Post,
} all of New York.

The titles of the Reports on Epidemics and other special reports were read, and they were referred to the Committee on Publication.

The subject of altering several important provisions of the Constitution having been presented in a majority and minority report, both submitted by different portions of a committee, to whom the subject was referred last year, claimed a considerable share of attention in the Association, and much interesting discussion ensued in which some of the most distinguished men of our profession participated; and the Committee who were charged with condensing the subjects of both reports into one, so far as they could be made compatible with each other, presented a series of well-digested propositions, which, after free discussion and some alterations, were laid on the table till next year, then to be taken up and finally acted upon. These

propositions embrace the absorbing question of delegation, and present a conservative policy, which may probably be adopted, as it is evident the Association is not yet fully prepared to exclude the schools from a representation at its meetings.

The Committee suggest that delegates shall be appointed for one year, that they shall hold their appointment from County and State Medical Societies, from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession, and from the medical staffs of the army and navy. The county, district, and voluntary chartered medical societies, shall have the privilege of sending one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half that number; while every State Society may send four delegates, and, in those States in which county and district societies are not generally organized, they shall be entitled to send one for every ten regular members, and one more for every additional fraction of more than half of this number. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics adopted by the Association. Every chartered medical college, acknowledging fealty to the code of ethics, having six professors, and giving a course of lectures of not less than sixteen weeks annually, requiring also of students three years study; and hospitals, and lunatic asylums, having accommodations for one hundred patients, shall be entitled each to one delegate. The University of Virginia, in consequence of its peculiar mode of instruction and examination, was mentioned as worthy of representation, notwithstanding it does not comply, in some respects, with the terms of the proposition; but the exception in its favor is only to be continued so long as the present system of teaching shall remain in force.

ECLECTIC AND SUMMARY DEPARTMENT.

Calomel and Soda as a Cathartic.—We take the following extract from an article in the *Boston Medical and Surgical Journal*, by Dr. H. HUNT, of Delavan, Wisconsin. The combination seems to be a good one, and we should think it worthy of a trial.

"The first time I used this, or knew of its being used, was four years ago last December, in my own case, while in the city of New York. I had been living and practising in the miasmatic West for the previous eleven years; and although I had never had an attack of fever, still my system was more or less debilitated, and my liver and bowels quite torpid. For this I consulted Prof. Dickson, who advised me to take one grain of calomel at bed-time for a number of nights in succession, and drink an infusion of Peruvian bark. Preferring to take the calomel in the form of pill, I united it with some six or eight grains of bicarb. soda, and formed into pills by hard soap. I took this at 10 o'clock P. M., and although my bowels had been thoroughly constipated for a number of days, I had a thorough operation by seven in the morning, and some three more followed in quick succession. At first I attributed the movements to the setting in

of a diarrhœa following constipation; but by using it in a few days again in my case, as well as in that of others, I found the same effects to follow its administration as in the first instance, though not quite so thorough. I had been using soda as an antacid freely, but without any cathartic tendency whatever, and in uniting it with the one grain of calomel, my object was to give bulk, and also to neutralize acid in my stomach, with which I had been very much troubled. When I returned home in the spring, I had the most satisfactory demonstration of its efficacy as an anti-bilious purge, for there were some old cases of habitual tendency to attacks of torpor of liver and bowels that had troubled me exceedingly to physic. There was one man in particular whom I had treated for this trouble, and whom I had given within twenty-four hours forty grains of calomel, as much jalap, near half a pound of salts, a large quantity of castor oil, injections of jalap and senna, &c. And after all this mighty array of cathartics and injections, still the result was a trifling purgation, and the patient *gradually* recovered. These cases were easily operated on by the use of three or four grs. of cal., and from ten to twenty grs. of soda. This dose was all that was necessary to purge the case alluded to above, 'to his heart's content,' and in such cases it has never failed to do the business promptly and thoroughly.

"In a common case, I give two grs. cal., well levigated with from ten to twenty grs. of bicarb. soda in molasses. This will almost always operate by morning, if given at bedtime. Dr. Bradway unites them in the proportion of one cal. to three of soda; but I have generally united them in the proportion as one cal. to five of soda.

"After the liver and bowels have been thoroughly operated on, the medicine has much less effect, and I therefore desist for a few days, or entirely, for the obvious reason that the important indications are fulfilled."

Reproduction of Lactation.—The *Am. Journ. of Med. Sci.* for Jan. contains a report of some cases read before the Rhode Island Medical Society, by Ariel Ballou, M. D., in which lactation was reproduced after an absence of from three to four months. Before seeing Dr. B.'s cases, the writer had occasion recently to recommend a similar course to a patient, in whom, in consequence of severe illness following confinement, the secretion of milk was suspended for several weeks. The result was entirely satisfactory.

The following is one of Dr. Ballou's cases:—

"The following case I report as having an important practical bearing on the treatment and disposal of a class of cases which occur in our community at the present day, to cure which, or otherwise dispose of satisfactorily to the physician, is often found difficult.

"Case III.—Mrs. O. H. H., aged about twenty-one years, of feeble constitution, and nervo-lymphatic temperament, was confined in July, 1847. Previous to her accouchement she was troubled with chronic aphtha, red canker, or with that condition of the system which is well known as "sore mouth attendant on pregnancy and lactation." Nothing unusual occurred at the time of delivery. No considerable loss of blood was sustained. As in similar cases, there was a remission of diarrhœa and sore mouth for a few days after accouchement, giving rise to a hope that, being relieved from the condition of pregnancy, she would recover the powers of digestion and the assimilation of nutriment, so as to enable the system to sustain the calls upon it consequent to lactation. But in the course of ten or

twelve days after accouchement the sore mouth and diarrhœa returned with increased violence, producing great debility. The secretion of milk was copious; her pulse 120; the tongue flabby; there were frequent copious dejections of yellowish water, the face and extremities bloated, &c. Fearing the worst results for my patient, I advised the immediate removal of the child from the breasts of the mother to those of a wet-nurse, at the same time informing the parents that on the recovery of the mother she could at pleasure reapply the child to the breast and have a full supply of milk, and be enabled to perform all the duties and functions of a mother for an indefinite period of time. The child was given in charge of a wet-nurse, the milk gradually disappeared, and the patient recovered under the use of tonic remedies and a generous diet. Between two and three months after this the mother called on me, having the appearance of restored health, and inquired if she might now take her child home with a hope of realizing my former assurances that she would be able to reproduce her milk. I assured her there was no doubt in relation to such a result, and her ability for the future to nurse her child. She took the child, applied it to the breasts, and in the course of two weeks had a good supply of milk.

"I met her some nine months after, when she informed me she was happy in the enjoyment of good health, and, to use her words, she 'had as good a breast of milk as if she had never dried it up.'"

Abstract of Discussion on Anæsthesia, before the Philadelphia Co. Medical Society, March 9, 1852.—Condensed from the *Med. Examiner*, for April and May, 1852.

Dr. Condie, in opening the discussion, announced himself as one entirely opposed to their employment, when this is done for no other object than merely to prevent or assuage pain. Pain he admitted to be an evil, to relieve which is the duty of the physician when the life of the patient may not be endangered by the agent. But this is not certainly the principal object of the physician. On the contrary, his chief aim should be to protect the organism from every lesion by which its functions may be impaired, or its life destroyed. He said that the propriety of the employment of anæsthetics for no other object than to produce insensibility to pain, must be based upon their entire and invariable safety, and that no rules have been given upon the subject with any degree of clearness and precision. Dr. Condie's objections were based upon the facts, that there were upon record a sufficient number of cases to prove that the use of anæsthetics was not invariably safe—that we are not able to determine, beforehand, the existence of those constitutions or peculiar states of the system in which they are admissible.

He did not consider it right for the surgeon or obstetrician to resort to an anæsthetic until he could say positively that no injury would result from its employment.

Dr. C. believed it injudicious sometimes to relieve pain; suffering often affording important indications to the surgeon or accoucheur, in the absence of which, destructive remedies may be used. He was not willing to admit that their use was justifiable, or at any rate proper in cases which were likely to terminate favorably when given merely to afford relief; if they cannot exercise a direct curative effect they ought not to be administered; yet, as therapeutic means, these agents may prove advantageous even when inhaled, in many violent and dangerous diseases. "Their topical application to external parts, when these are the seat of severe neuralgic pains, has been shown, in a large number of instances, to give prompt and effectual relief."

Dr. Turnbull, though opposed to the indiscriminate use of anæsthetic

medicines, was in favor of sulphuric ether. He had found only one case recorded of death from its use. It is as follows: "On the 10th of July, a man æt. 55, of robust constitution, was etherized for the removal of a tumor; after inhaling two or three minutes, considerable agitation was observed in the face and limbs; during five minutes more the inhalation was continued, and complete insensibility induced. The first incision was performed, when the dark color of the patient's countenance attracted the operator's attention, and the man almost immediately expired. On dissection, the viscera exhaled a powerful odor of ether, the blood was viscid, and the lungs were deeply congested."—*Journ. des Connais. Med. Chirurg.*

He then remarked that "three other cases are recorded; an investigation of which, however, will show that death was erroneously attributed to the ether employed. The number of deaths from chloroform amounted to 18; a difference very disparaging to the latter. The mischief in most of the fatal cases recorded, he was firmly convinced, resulted not so much from the article *per se*, as the abuse or incautious use of it.

"Now ether and chloroform are generally administered by means of a handkerchief, and consequently, as the medicine is impermeable to the atmosphere, there is not a due admixture of oxygen with the ethereal vapor; hence the oxygenation of the blood is impeded and dangerous, and occasionally as we have seen, fearful results ensue."

Dr. T. regarded the use of anæsthetic agents as invaluable in many diseases, in which pain is a prominent and distressing symptom; as in colic, asthma, neuralgia, &c.

Dr. Parrish said that, on the first announcement of the anæsthetic power of ether, he was one of those who received the intelligence with gladness. The recommendation of such distinguished men as Drs. Warren and Hayward, and their colleagues of the Massachusetts General Hospital, was not to be received without respect; and Dr. Bigelow's first paper upon the subject, produced a lasting impression on his mind.

That pain could be assuaged under the most terrific operations of surgery, that the throes of parturition were to be mitigated, and many acute diseases controlled by its use, was a great boon conferred upon mankind, and he could not receive the tidings of its introduction with calmness or indifference. His sky of hope was however clouded with the apprehension that an agent possessing such remarkable powers, might probably overpower the patient, beyond the point of recovery; and he became an *anxious* inquirer into the merits of the discovery.

After special investigation in the capacity of Reporter on Surgery for the College of Physicians, during the lapse of a year, the evidence *pro* and *con* was carefully sifted, the medical journals of this and other countries were critically examined, and an overwhelming mass of favorable testimony was collected. Notwithstanding its indiscriminate use by even non-professional persons in all kinds of operations, but eight or ten cases of a fatal issue were brought to light, and that not one of these had occurred under its immediate effects; the event generally happening days and weeks afterwards, so as to render it altogether uncertain whether the ether had any agency in the result. Since that time (in 1847), Dr. P. had not been able to find a single case of death reported which could be fairly attributed to the action of ether. The case mentioned by Dr. Turnbull may have been one of that character, and similar ones may have been reported; but they had escaped his observation.

There can be no doubt that 18 cases of death have followed the use of chloroform, and some of them under circumstances where the utmost caution was used in its administration, and these all in surgical operations, which is certainly against it. No cases of death have been reported by obstetricians who have used it in labor.

Dr. P. further stated that the objections urged against the injudicious use of ether, will lie against all the most potent and useful articles of the materia medica, as the preparation of opium and alcoholic liquors. Let it be remembered that ether has now been in use for over five years, and chloroform for over four years, and that they have been extensively employed in all parts of the civilized world; that every large hospital in Europe and America, except our own Pennsylvania Hospital in Philadelphia, uses one or the other of them habitually before great operations; that private practitioners employ them daily in surgical and obstetric practice; and yet, with all this vast experience of their use, their most determined opponents can with difficulty make out a single case of death directly traceable to ether, and but eighteen attributable in any way to chloroform; and I say no article in the materia medica is established upon a firmer basis.

Dr. P.'s personal experience is greatly in favor of ether over chloroform; he considers it equally effectual and much more safe, though he would not refuse to use chloroform if ether was not attainable. He related an interesting case of a lady, which he had recently seen with Dr. Pancoast, from whose neck was taken a large tumor, involving the lobe of the parotid gland, which resulted most happily to the patient. Two cases of cancerous mammæ were also mentioned, in both of which the operation of excision was performed without suffering to the patients, and resulted in recovery.

Dr. Darrach was disposed to give the subject a *triangular* form, by presenting it in a third point of view. Though it be admitted that chloroform has destroyed life, and that there is danger in its use, it is, nevertheless, true that anæsthetics, as nullifiers of pain, mark a new epoch in the history of medicine. "It removes the sting of disease, operations, and the cursed pain of childbirth. Man's punishment is to obtain his food by the sweat of his brow—hard labor! and woman's to have pains in childbirth. But the law is satisfied; and now, since man is blessed through Christianity with *labor*-saving machinery, that he may no longer toil; women, in childbirth, must not judicially and cruelly be denied chloroform, her *pain*-saving boon in labor." Dr. D. presented three stages of the action of chloroform. "1. Loss of sensation of the œsodic surface, partial or general. 2. Loss of sensation and consciousness. 3. Loss of sensation, consciousness, and pulsation; which last being continued, becomes death.

"The first of these stages is entirely safe; the second may also be considered without positive danger; but the third is fearfully hazardous. These stages may well be represented by the three breakers on the seashore; to bathe in the first is safe, in the second approaches the verge of danger, and in the third is to be the undertow of death."

Dr. Emerson noticed some phenomena connected with the nervous system, and its mysterious functions, which he thought had not been regarded with sufficient attention. He referred particularly to the power of suspending sensibility, exhibited by persons who are subjected to severe suffering, and related some instances which have come under his own observation. He alluded also to the mesmeric influence, and believed the effect to be solely attributable to the peculiar mental exertion of very impressible subjects.

Dr. Evans inquired whether any case of deranged mental manifestation had been noticed as the result of the use of the anæsthetics. He had been informed of three cases, but had no means of verifying the statement. In regard to their general use, Dr. Evans said, that, "from theorizing upon the action of these agents, he had been decidedly opposed to their use; but, having been invited by Dr. Horner, to be present at his operations before the class at the University, in 1850–51, he had seen them used there very freely, and with the happiest results, so that he had been induced to

alter his opinion; and he considered their employment justifiable, where extensive operations, giving rise to great pain, were to be performed."

Dr. Wiltbank had been among the opponents of the use of ether and chloroform in midwifery, and he felt it incumbent on him to make a few remarks. He had theorized upon the subject, and argued himself into the belief that they were positively injurious to both mother and child; but his opinions had undergone a material change, after a cautious trial, which he was induced to make by the solicitations of his patients, as well as the accumulating testimony in their favor; but while he found that he had greatly undervalued their efficacy, he could not favor their employment, to the extent indulged in by many; their great use appeared to him to be in allaying excessive, irregular, and inefficient pains, to promote sleep, and prevent exhaustion. He cited two interesting cases illustrative of his views upon the subject.

Dr. Patterson spoke at length of the experience of physicians, surgeons, and obstetricians in Europe, on the subject of anæsthetics. He had recently had an opportunity of seeing and hearing a great deal of the use of chloroform in Edinburgh. In that metropolis, it was generally employed with the greatest freedom, by physicians, surgeons, and dentists; and in the practice of midwifery, with the greatest confidence, without a single unpleasant result.

"The substance used exclusively in Edinburgh, and most generally elsewhere, is chloroform. Accounts of unpleasant or fatal effects from it, do not prevent its use. Dr. P. saw no sulphuric ether given, and met with no physician who employed it. The objections to its use are its highly stimulating qualities (increasing the risk of hemorrhage), its unpleasant and exceedingly persistent odor, and its liability to leave a disturbed condition of stomach, with gastric uneasiness and acid eructations. . . . . Dr. Simpson gives it in a napkin or handkerchief, lightly folded in a funnel shape, and held near the mouth. In obstetrical cases, he gives it on the approach of each pain, removing the napkin the moment the relaxation of the patient's muscles shows that the pain is passing off, and not reapplying it until her uneasy motions indicate the approach of another pain, and that it is beginning to be felt."

In view of which, Dr. P. queried, are we not unreasonable in our opposition to an agent which alleviates so much suffering.

Dr. Condie believed that European physicians had changed their ground of late in regard to the use of these agents. Chloroform was admitted to be an active poison, and the utmost caution must be observed in their employment. Anæthetics have been in use for too short a period to enable us to arrive at any certain conclusions in regard to their real value as therapeutic agents, or to determine, accurately, when and where they are admissible, &c.

"A comparison has lately been made by an acute and accurate observer, in our midst, based on the statistics of several large hospitals, of the results of large operations in the same institution before and after the introduction of anæsthetics, as well as the results of operations in those hospitals where anæsthetics are now invariably employed, with that of the same class of operations performed in the Pennsylvania Hospital, without the induction of anæsthesia, which would lead us to suspect that the abolition of pain by anæsthetic agents does actually exert an unfavorable influence upon the result of operations; an opinion at which Dr. Porter, of the United States army, had arrived, from his experience of the use of these agents during the war with Mexico.

In obstetrics, Dr. Ramsbotham, in the last edition of his Obstetric Medicine and Surgery, has denounced the employment of anæsthetics, save in some few exceptional cases; while Dr. Chowne, in a late discussion before *the London* Medical Society, remarked that "he had seen most disastrous

consequences result from the use of chloroform; not only simple after-consequences, but serious mental disorders."

Dr. C. did not wish, however, to be considered as entirely opposed to the use of these agents. He was satisfied that they were a potent and valuable means of relief in many cases. In his own experience, he had seen much benefit result from their employment, both externally and by inhalation. In puerperal convulsions, he has seen them act promptly in arresting the intense suffering induced by cramp of the stomach and intestines, and in neuralgic affections, of the internal organs and of various parts of the surface. He could even conceive of operations in which the risk of danger from their employment should not deter us from availing ourselves of their pain-abolishing effects. An operation may be necessary to save life, but one at the same time attended with so much and so long-continued suffering as to cause the patient to hesitate between its endurance and the certainty of death should it be omitted or delayed. In such a case, Dr. C. would not fail to recommend the induction of anæsthesia; believing that the risk the patient will incur from it will be fully compensated by its enabling him to undergo an operation, the pain of which it would otherwise be scarcely worth enduring, to purchase the few additional years of existence it may possibly bestow.

Dr. Parrish was surprised to find the statistics of hospitals introduced here as opposed to anæsthesia in large surgical operations. The basis of the calculation, as offered, is a comparison between the results of amputation in hospitals of New York and Boston, since the introduction of anæsthetics in these institutions, and those of the Pennsylvania Hospital, where they are not used.

Dr. Condie did not bring forward his figures to prove that the comparison is unfavorable to the use of anæsthetics. There are various circumstances that may influence mortality entirely independent of their use. But if the comparative difference is sought on the ground of anæsthesia, the large hospitals of Europe furnish much more reliable data than the three hospitals of our own country which have been named.

"In the elaborate work of Professor Simpson, on Anæsthesia in Surgery and Midwifery, the reader will find two chapters devoted to the question whether anæsthesia increases or decreases the mortality attendant on surgical operations. The author has here collected the statistics of mortality after large amputations in different countries as derived from official sources, including Phillips's tables, which comprise not only the results in hospital practice, but in the private practice of physicians in Great Britain and in other countries, so far as recorded in the periodical literature of these countries. He has also availed himself of Malgaigne's tables of results from the Parisian hospitals, forming altogether one of the most complete and extensive collections of cases yet published."

The case of death at St. Bartholomew's Hospital, recently reported, though against chloroform, is only one death in nine thousand cases in which the article had been administered there. It shows the potency of the agent and the caution with which it should be used, but it ought not to be abandoned on account of this one fatal result from its use. Dr. P. prefers the ether, believing it to be safe and reliable, and should not resort to chloroform when the former would answer the purpose.

Dr. Hays was not disposed to discuss the propriety of using anæsthetics. But he feared, from the remarks already made relative to the use of chloroform in Edinburgh, the impression might be created that there was no risk in its administration; a sense of duty impelled him to put in a word of caution. A number of deaths had already been reported; probably there were others, the details of which had not been given.

Enough, however, had been developed to prove that the administration

of chloroform was not devoid of danger. Dr. H. referred to the particulars of the case at St. Bartholomew's Hospital, and offered some salutary caution on the subject of the use of these agents. He concluded his remarks by saying that: "Were he compelled to undergo a very painful and protracted operation, he would himself take an anæsthetic, preferring to run the risk rather than endure long and severe suffering; and he would allow his patient the same option if, after fully explaining to him the state of the case, he should desire to do likewise. But to resort to chloroform for every trifling operation, and in all cases where the slightest and but temporary pain was to be endured, he considered not only to be injudicious, but actually criminal."

Dr. Patterson would ask whether chloroform has destroyed more human lives than opium? He would refer to the old treatment of *delirium tremens* by the free use of opium. Who would say that death from this disease was precisely coma or fatal narcotism.

If a patient should die from a dose of hydrocyanic acid, or strychnine, medicinally given, the conclusion would be that there had been either a gross error in the dose, or mode of administration. Why refuse the application of the same rule to chloroform? Let us now look into the St. Bartholomew case, which has been thrown in our way as an impediment not to be got over. The first fact to be noticed is that this same patient, not a month previous, was kept under the full influence of chloroform for twelve minutes, during a painful operation, and without the slightest inconvenience or interruption to his recovery. There was plainly no idiosyncrasy *here*. It is proved that chloroform could be administered to that very patient with safety and with the most beneficial results. On the last and fatal occasion, he inhaled the vapor of chloroform for a much shorter time, and died before the first incision was completed by the knife of the surgeon.

Now can any man believe that the chloroform was administered in precisely the same way, in the same quantity, and to the same extent, as on the former occasion? Like causes produce like effects. The man who takes a grain of opium to-day with beneficial effects, will not be fatally poisoned by a grain of opium a month hence. The probability is that, in the first instance, the chloroform was properly administered with a due admixture of atmospheric air, while in the latter it was hastily presented, of full intensity, and undiluted. The quantity to be estimated is not altogether that poured upon the napkin or introduced into the inhaling apparatus, but that actually received into the lungs of the patient, and absorbed from their mucous membrane. A better case for the illustration of the principle just laid down could not be desired. The blame rests with the erroneous mode of the use, and not with the substance used. As for the mere allegation of toxical power, Dr. P. would give very little for a medicine that could not produce such effects in any case. He suspected the efficacy of every agent whose powers were so feeble as not to render it noxious in its inappropriate or immoderate employment.

Dr. Page considered the chief use of the agent is for relief of pain, though he was as much opposed to its indiscriminate use as any one. He looked upon it as a fixed fact that, in every case where prolonged and severe suffering was likely to result from an operation, the anæsthetic should be used, unless contraindicated by some positive signs. The dread of pain is one of the most depressing influences suffered by the patient who is about to submit to an operation; and if it can be avoided, the mind and nervous system are placed at ease, and much of the danger of the nervous shock prevented. Dr. P. gave several instances of successful operations under the use of anæsthetics, which came under his own observation. He had also employed ether in obstetrical practice, and was prepared to testify to its use in promoting the vaginal secretions, and relaxing the parts, while it does not

interfere with the regular and natural uterine efforts. "One circumstance contraindicating their employment, although other things may call for them, is when it is absolutely necessary to keep a patient still, as during the operations for hernia, cataract, and others of equal delicacy, when a slight involuntary movement might cause a cut to be made where it should not be made. It should not be used in operations in the mouth, because the patient might not be able to get rid of the blood, and might suffer from its passing downwards."

Dr. P. expressed his conviction that it was not very easy to kill a person with ether, else many deaths would have occurred from its indiscriminate use. Ether is to be preferred to chloroform—the mixture of the two is objectionable, as ether is more volatile, and if not speedily consumed it evaporates, and leaves the chloroform to have its full effect: the better plan is to use ether alone, and, if too much excitement ensues, to add a few drops of chloroform.

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Sulphate of Beeberine as an anti-periodic.—In the last number of the *Examiner*, is an article on the above subject, by Henry S. Patterson, M. D., Professor of Materia Medica in Pennsylvania Medical College. He recommends it to the notice of the profession, and thinks it has been too much neglected. Like the sulphate of quinia, it requires an excess of acid for its perfect solution. It is rather more apt to nauseate than quinia, but possesses the advantage of being less stimulating, and does not affect the head as that salt does. Its dose is stated at gr. *one* to *five*, three or four times in the day.

The anti-periodic dose may be stated at gr. xv to xx; that is, during the apyrexia, we suppose.

In the opinion of Dr. Patterson, it is rather more tardy, but more permanent in its effects than the quinia. We copy the following case:—

"A gentleman residing in Blockley township, consulted me in September last, concerning an obstinate and constantly recurring tertian intermittent, under which he had labored for a length of time. He stated that the quinia always interrupted the disease, but that it inevitably returned in two or four weeks. I gave him sulph. bebeer. ʒss dissolved in fʒviij water, a tablespoonful to be taken every four hours during the apyrexia. The next paroxysm was prevented, and he has had no return of the disease up to the present time (April)."

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Case of Fracture of the Skull, with loss of portions of the Brain, followed by complete recovery. By F. S. Verity, M. D., Hemmingford, Canada.—In your number for April, there is reported an interesting case of "*Fracture of the skull with loss of a portion of the substance of the brain,*" accompanied by some observations thereon by Dr. Butler. The Doctor, in his observations on the case, after mentioning the Vermont case, says: "He has not succeeded in finding the report of but one other case (that of Dr. Snyder, of Va.) of injury to the brain, with a loss of a portion of its substance, followed by recovery." From this I infer, that the Doctor believes recovery to be very rare under such circumstances. I myself, within the last four years, have had one case of *fracture of the skull, and loss of a portion of the brain.* The patient's name was David Cummings, aged 14 years. While teazing a horse, he was kicked on the side of the head and sent to the ground senseless. I arrived at the scene of the accident within one hour from the time of its occurrence. On examination, I found, as in Dr. Fitch's case, "a fracture of the skull between the right parietal and temporal bones." On the external surface of the wound, which had bled very freely before my arrival, there were small portions of bone and brain mixed together in a clot of blood; upon removing these, I saw a portion of bone completely

detached from the skull and imbedded in the brain; with a forceps I cautiously took it away; a little blood flowed, which brought away several portions of brain, the largest of which was about the size of a hazel-nut; this piece of bone was about an inch long. With a probe, I carefully felt for any spiculæ of bone which might be remaining, and, after a minute search, I discovered an irregular, jagged piece, about half an inch long, nearly buried in the substance of the brain, which was removed together with every spicula of bone I could find. The patient, during this time, was perfectly comatose, pulse 60, countenance pale, and the breathing heavy; he manifested no sensitiveness when the bone was removed from the brain. I dressed the wound, and laid over it a cloth dipped in tepid water, and then left him.

I returned in two hours; he was still comatose, but had ejected the contents of his stomach.

As my object is not to detail the treatment, I shall merely add, that extreme reaction took place in twenty-four hours, which was successfully combated by cold applications to the head, and by brisk purgatives. In two days, sensation returned; at the end of a week he was perfectly conscious, and in a month was well, and has not been inconvenienced by it to this day.

I should have stated that portions of the brain came away at the first three dressings.

As I do not pretend there is anything novel in this case to take it out of the ordinary routine of practice, I send it merely to show that recovery, under the circumstances mentioned by Dr. Butler, is, perhaps, more common than he believes, and I have no doubt that many surgeons could supply similar and more interesting cases if they would be at the trouble of reporting them.—*Canada Medical Journal.*

Ay, there's the rub! Surgeons and physicians all have any number of "interesting cases" to *speak* of, but they *will not report them* for the benefit of their brethren, and of future ages. We want *facts* in medicine rather than *theories*. A theory may be a good *servant*, but alas, the grave can tell that it is a bad *master*. We hardly know how to forgive men of age and experience who refuse to record that experience, for the benefit of their younger brethren as well as of mankind in general.

In regard to the case referred to above, Dr. Verity is mistaken as to our supposing the accident in question to be very rare. Indeed, we intended to convey the opposite impression, and only referred to the rarity of such cases being *recorded*.

In the January number of the *New York Journal of Medicine* is a very interesting table, by F. D. Lente, M. D., of 128 cases of fracture of the cranium, brought to the New York Hospital during the last twelve years; and though it is said that, in thirty cases (of which *three* only recovered), the brain was lacerated, we believe no instance of loss of brain is mentioned, though it is presumable that such was the fact in most if not all the cases. The present number of the *Reporter* contains an article from a valued correspondent of age and experience in Vermont, in which he gives two cases of recovery in his own practice. We have also heard of others since Dr. Fitch's article was published, and have seen one or two recorded. We have the promise of the details of a case which occurred in the prac-

tice of a physician in this State. That great improvements have been made in the treatment of fractures of the cranium is evident from the fact that Pott does not mention a case, in his elaborate work on the subject, in which a portion of the brain was lost. It seems to us that the most interesting feature in these cases, is the effect on the *mind* of the patients. If these effects were critically noticed and recorded by competent persons, they might lead to the establishment of important principles in physiology.

No doubt many extraordinary cases occur both in medicine and surgery; but report them, *report them;* they may serve as landmarks to others.

S. W. B.

On the Treatment of Neuralgia.—Extracted from an article in the *Western Lancet*, by LANDON RIVES, M. D., of Cincinnati.—"Most practitioners use opiates to produce an anodyne effect; and in this, I think, the fault usually lies in the treatment of this affection. When opiates are used with persons of good constitution, they may effect their anodyne influence, but if administered to persons of debilitated constitution and nervous temperament, laboring under neuralgia, the excitant effect will more than counterbalance all the good which can be expected from the subsequent sedative operation of the medicine. The functional derangement in this disease is an exalted sensation—hence it is wrong to administer a medicine which excites, even in its primary action—for, although the secondary action may be the one desired, the primary excitation will irritate the diseased tissue, and render the subsequent paroxysms much more violent. A more appropriate, and in my hands a much more efficient remedy to meet this indication, is small and frequently repeated doses of extract of hyoscyamus. This medicine, unfortunately, is not always kept of a good quality in the shops; hence, care should be taken to procure a good article. With a view to prevent the recurrence of the paroxysms, there can be nothing used more efficacious than quinine. It has been my good fortune to cure a number of cases of neuralgia, with sulphate of quinine and extract of hyoscyamus, given in doses of one and a half grains each, at periods of from two to four hours during the intervals of the paroxysms. It is often necessary, and I may say, generally well to premise this course, by some gentle cathartic. I have sometimes relieved the pain and cut short the paroxysms by a pill of two grains of extract of hyoscyamus alone.

"If the distinction is properly drawn between neuralgia and those affections only involving the neurilemma, and a sedative anodyne, instead of an excitant anodyne used in connection with quinine, this disease will cease to be an opprobrium to medical science, and its treatment will become much more satisfactory to the practitioner as well as to the patient."

Treatment of Scarlatina.—In the *Boston Med. and Surg. Journal* is an article by JNO. P. HEISTER, M. D., of Reading, on the medical topography of Berks County, Pa., in which he thus speaks of the treatment of seventy-two cases of scarlatina, which fell under his observation during the past year.—"The whole seventy-two cases were treated by laxatives when required, which was usually at the commencement, and the unrestrained use of hydrochloric acid diluted with water and sweetened, except one case in which bronchitic symptoms were prominent, and antimonials were used. From fifteen to twenty drops of the acid were directed to be put into a half pint of water at the temperature of the chamber, well sweetened with white sugar, and allowed *ad libitum*. It was commonly very grateful to the patient, and taken with decided pleasure. No other general treatment was resorted to from first to last. From a good deal of previous experience

in the treatment of this fatal disease, I was seriously impressed with the evil of the *nimia diligentia medicinæ*, and at first resorted to the use of the hydrochloric acid rather as an abatement of this evil than from any great confidence in its virtues. Skeptical as I am, however, in medicine, I am, from my late experience, forced to attribute very considerable efficacy to it in the treatment of scarlatina. I by no means, however, consider it a specific, to be relied on to the exclusion of other rational means when indicated. I think its salutary effect upon the local inflammation of the throat, when the acid is put in use at an early stage of the disease, not among the least of its benefits. It appears to me I had fewer anginose cases to contend with than some of my brethren who did not use the acid; I certainly had fewer than I have ever before had in the same number of cases treated in the same period of time. I deemed it necessary to bleed but in a single case, and that proved fatal; not because the bleeding was inappropriate, as it for a while controlled the violence of the symptoms, but because the case was complicated with severe convulsions.

"Externally to the throat I used counter-irritants, preceded by leeching where the local symptoms threatened to be violent. I found oil of turpentine and olive oil mixed in equal parts, or, in the proportion of two-thirds of oil with one of turpentine, applied every three or four hours, and the evaporation prevented by the application of a strip of flannel, a convenient means of obtaining my object. The sloughy ulcers of the throat, when met with, which was seldom, I treated satisfactorily by the application of nitrate of silver in solution, in the proportion of two scruples to the ounce of water, applied once a day. I found that this application can be much more effectually made by means of a nicely-trimmed piece of sponge securely attached to the end of a whale-bone handle, than by a camel's-hair brush. I even prefer a swab, made by rolling a narrow strip of muslin on the end of a stick, to the brush. A very important indication in young children* is to keep the nostrils pervious, in order that the due aeration of the blood in the lungs may not be prevented. This is done very effectually by throwing freely into those passages, by means of a small syringe, warm sage tea slightly acidulated with vinegar, and sweetened. Young children, too, as well as older ones who have become exhausted by the disease, require to have the tough mucus which obstructs the larynx removed from time to time. This, also, is best done by means of the syringe and the tea prepared as above described. Cool or tepid sponging of the surface was resorted to, with its usual tranquillizing effect. My cases of anasarca were treated chiefly with jalap and cream of tartar."

Medical Society of Virginia.—We are under obligation to some attentive friend for furnishing us with copies of the *Daily Dispatch*, of Richmond, Va., containing reports of the Proceedings of this Society, which held its annual meeting in that city on the 28th, 29th, and 30th ult. We are happy to see that our brethren of Virginia have organized so well; believing as we do that, in organization, consists our surest way of combating the influences which are at work, both intra and extra professional, to injure our usefulness as a profession. A large proportion of the time was occupied in a discussion relating to certain provisions of a medical bill before the Virginia Legislature. Appended to this notice will be found the main features of the bill, taken from the *Dispatch*.

* Very few children under the age of a year took the disease.

In our opinion, the Medical Society of Virginia, will find that they will look in vain for efficient legislative protection, and they must depend for that on themselves. Stringent laws may be passed, and look very well on paper, but they *will not be enforced.* There was some discussion on the subject of medical education, and the powers of a proposed State board of medical examiners, the result of which was the adoption of the following Resolution.

Resolved, That whilst this Society approves the main features of the bill now before the Senate of Virginia, providing for the appointment of a State board of medical examiners, they respectfully suggest to the legislature the propriety of requiring as a condition precedent to every examination by that Board, that the applicant shall have been graduated in medicine, or that he shall have attended two full courses of lectures in some respectable medical college, and that the examination by the Board shall be open to the presence of the medical faculty of the State.

Reports were received on Indigenous Medical Botany, and Hygiene, and on the Medical Topography of the State. We are glad to see that the latter subject is attracting more and more the attention of the medical profession.

The following officers were elected for the ensuing year. President, Dr. Beale, of Richmond. 1st Vice-President, Dr. C. P. Johnson, of Richmond. 2d Vice-President, Dr. Cabell, of University of Virginia. 3d Vice-President, Dr. Creigh, of Greenbriar. 4th Vice-President, Dr. Atkinson, of Danville. 5th Vice-President, Dr. Lee, of Loudon. 6th Vice-President, Dr. Stribling, of Staunton.

A committee of five was appointed to take charge of all specimens of plants that may be presented to the Society, and report a plan for an herbarium. The same committee were empowered to receive contributions in pathological anatomy, and report a plan of a cabinet for preserving such contributions. We like this plan, and hope it will be adopted by our State society. A commendable feature of the meeting was its length—three days.

The following embodies the principles of the medical law, which is very good if transferred from the legislature to their own body.

Organization of the Board.—In the second section, it is made the duty of the Medical Society of Virginia, annually, to elect by ballot, from among its members, eleven physicians of established skill and reputation, and nominate them to the Governor of the State, who shall appoint seven of the nominees to constitute the Board of Medical Examiners—said members of the Board to hold their offices for three years.

Compensation of the Members of the Board.—Their compensation for service is four dollars per day for as many days as the Board may be actually in session, and ten cents mileage for every mile, by the most direct mail route.

Duties of the Board.—In the sixth section, it is made the duty of the Board to examine thoroughly, fairly, and impartially, all persons who may properly apply to them on the subjects of Anatomy, Physiology, and Surgery, the Principles and Practice of Medicine and Obstetrics, Materia Medica, Pharmacy and Chemistry, without allowing themselves to be influenced by prejudice against or partiality for any particular school, sect, or doctrine;

and to all whom they shall find possessed of a competent knowledge of these subjects, they shall give a certificate of qualification, certifying the same.

Terms of Licensing.—Each applicant, before receiving an examination by the Board, must exhibit a certificate, signed by at least two respectable citizens, certifying that he is not less than twenty-one years of age and is of good moral character, paying into the hands of the Treasurer of the Board twenty dollars.

A license to practice medicine, or surgery, shall be granted to no person until he shall have obtained a certificate of qualification from the State Board of Medical Examiners; and if any one shall practice, as physician or surgeon, without having first obtained license according to law, he shall forfeit and pay for every prescription, a sum not less than fifty dollars, nor more than one hundred, to be recovered with cost of suit by action of debt in any court of judicature within the county where such offence is committed, the one half to be given to the prosecutor, and the other half to be paid into the treasury of the county in which said offender resides.

Exceptions.—The fourteenth section provides that any person, being a practitioner of medicine or surgery within the limits of this Commonwealth, previous to the time when this act takes effect, shall be exempt from those provisions requiring a certificate of qualification to be obtained before an issue of license; and all such persons shall obtain a license to practice medicine and surgery, in the manner prescribed by law. The law to take effect on and after the first of January, 1853.

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Chloroform in Obstruction of the Bowels from Spasms. By D. J. CAIN, M. D. —Every physician meets, in the course of his practice, with cases of obstruction of the intestines which has come on gradually or suddenly, generally from some cause of irritation existing in them. The obstruction in these cases consists in spasmodic contraction of a portion, or of portions, of the intestines, generally the small. The plan of treatment which I formerly pursued was, to cease all attempts at forcing a passage by means of cathartics, if one or two brisk cathartics failed at the commencement, and to resort to opium freely, enemata of warm water, melted lard or butter, sweet oil, etc., the warm bath, fomentations to the abdomen, and other means of inducing relaxation. For more than two years past, I have used chloroform, as a more powerful agent than opium and its preparations, and as more certain in relaxing the muscular system. The chloroform, administered in inhalation, soon produces a greater or less degree of resolution, and, taking advantage of the relaxation thus affected, I give enemata, either stimulating, mucilaginous, or oily, which in a short time bring away fecal matter. The inhalation may be repeated as frequently as, in the judgment of the physician, the case demands.

Chloroform possesses the immense advantage over opium, of relieving effectually and promptly the pain, and in not leaving the bowels in a constricted state, the sedative effect soon passing off.

Seven cases have been thus treated by me, with highly satisfactory results. In one case, only, have I experienced any difficulty in inducing the requisite degree of relaxation of the bowels. The subject of this case was very slightly susceptible of its influence; but the pain was completely relieved by frequent inhalations, and the obstruction gradually overcome.—*Charleston Medical Journal.*

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Gargles of Sanguinaria Canadensis in Scarlatina. Dr. ROBERT G. JENNINGS, in an article in the *Stethoscope*, on Epidemic Scarlatina, in which he had employed gargles of sanguinaria canadensis, makes use of the following language.

"*In bringing* this communication before the public, I wish to call the

attention of the profession to the use of the infusion of sanguinaria canadensis in vinegar as a gargle in scarlatina. I have never seen it recommended in any treatise on that disease, and from recent experience, regard it as superior to any gargle I have ever used, especially when the larynx is seriously implicated. Put half an ounce of the root, sliced, into a pint of vinegar, and shake it frequently, and the preparation will be ready for use in a few hours. The botanical history of the sanguinaria canadensis will be found in the United States Dispensatory, where it is described as an active emetic, with stimulant and narcotic powers. In the sixth volume of the *Philadelphia Journal*, page 295, the tincture is highly recommended for acute rheumatism, after active depletion has been practised, and several cases are given where the treatment was successful. The writer will be gratified if he can contribute to bring into more general use this valuable medicine, which has shared the neglect heretofore too much manifested towards all the articles of our native materia medica."

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Successful removal of the Knee-joint. By A. J. WEDDERBURN, M. D., Professor of Anatomy in the University of Louisiana.—George Chandler, born in England, aged 18 years, was admitted into the Charity Hospital, January 9, 1852, with a painful enlargement of the knee-joint—had only been attacked about a month previous to his admission. His health had previously been very good; attributes his attack to exposure alone, having received no injury. The tumor being fluctuating, the usual remedies for hydarthrus having been resorted to, without effect, and the enlargement progressing, I determined to settle an opinion, by the introduction of an exploring trocar regarding its being an abscess of the joint; about two ounces of its contents were removed by this method, containing a large proportion of pus. Being satisfied that the disease had progressed so far as to have produced at least a partial destruction of the cartilages, and not being willing to defer an operation longer until the character denoting the true nature of the disease should be more distinct, rendering the success of an articular exsection much more doubtful, and having taken fully into consideration the advantages of a stiff leg over the loss of the same from amputation, I determined upon the former, and made the operation on the 18th day of February.

Operation by the H. incision, the transverse part of which was made immediately at the lower portion of the patella. The flaps were turned back, the joint bent at right angles, and the lateral ligaments divided with a probe-pointed bistoury, directed by the forefinger of the left hand, which was passed respectively beneath both, and under the surface, next the cavity of the joints. The division of the ligaments having been effected, rendered it easy to project the articulating surface of the femur so far forward as to facilitate the passage of an amputating saw from a line above the incrusted part of the joints—from its anterior to its central portion, and in an oblique direction downwards, removing by this section something more than one half of the articulating surfaces belonging to the two condyles of the femur. The next stage in the operation was to divide the crucial ligaments from their two points of attachment, and then to dissect them away together with the greater part of the synovial membrane of the joint which was very much thickened, and elevated by the sub-synovial cellular tissue; the patella was removed also in the progress of this dissection. The posterior half of the articular surfaces of the condyles were then removed by the chain saw, in such an oblique direction from behind, forwards and downwards, as to occasion a loss in the length of the bone not exceeding three-fourths of an inch. A very slight dissection was then made around the head of the tibia upon its anterior and lateral surfaces, and the entire articulating surface removed by the passage of an amputating saw from before and backwards.

The constitutional symptoms following this operation were violent for a few days, but since there have been no bad symptoms. Without entering into a description of the different methods by which this operation has been done, I will only state that there will be, from the manner of this, only a shortening of something less than an inch, and a much larger surface exposed for the formation of callus. The different methods by which the knee-joint has been removed will be found in Velpeau's *Operative Surgery*, by Mott.—*N. O. Medical Register.*

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Dry Cupping. By Dr. B. H. Washington, of Woodburn, Ky.—Dr. Bowling: Please to allow me, through your columns, respectfully to invite the attention of the profession to a few items I have had the good fortune to stumble upon in my practice.

Having heard dry-cupping on the spine very highly recommended for its anodyne, alterative, and emmenagogue effects, by the late Dr. Prather, of St. Louis, and having seen its remarkable effects in his hands, I have used it freely and extended its use, and have never been able to hear or read of a superior remedy, though the last ten years have not been passed in idleness.

As an anodyne, it relieves pain without checking any of the secretions, but on the contrary it regulates the whole system, and brings every organ to the normal standard.

About five years since a negro man cut his leg severely with a broad-axe, midway the tibia. The wound was dressed in the usual manner; but the next morning his wife informed me he had not slept a wink the whole night. There being some eight or ten children in the cabin, I thought it best not to dry-cup him until night. In half an hour after he was dry-cupped he fell asleep, never moved the whole night, and awoke next morning free from pain. The cupping was repeated every alternate night; freedom from pain was the result, and the leg soon healed. In almost every case of bruise or wound, I have used it with signal benefit, and from my experience have not the slightest doubt that, if it was added to the usual water-dressing, at least eight-tenths of the cases where mortification now occurs, could be healed without any such result. Many cases of its anodyne effects could be detailed, but one more will suffice. When called to see a negro woman, found her sitting up in bed; great difficulty in breathing; violent pain in left side, greatly increased on drawing a full breath, or coughing; tongue dry; pulse 125, hard and full; was informed she had had an attack of pleurisy about a year previous, and that the pain was in precisely the same spot. Independent of auscultation, there was something in her looks and actions that convinced me it was not an inflammatory case. I took from a table a large tumbler and applied successively nearly the whole length of the spine. When I was done, she said she was nearly well. To prevent the pain returning, and to assist in arousing the skin, two grains quinine and two of cayenne pepper were administered, and she was directed to have herself sponged with warm water from head to foot. Next day she was able to walk about well.

Having been dry-cupped a few days after a dislocated shoulder was reduced, I attempted to raise my arm to my head, while the cup was over the origin of the brachial nerves, and found my arms partially paralyzed. It immediately occurred to me that it would be a most excellent remedy for counteracting the resistance of the muscles in cases of dislocation. About six months afterwards, a boy aged seven years was thrown from a horse, and having thrown out his arm to save himself, dislocated the elbow joint. The dry-cup was applied over the origin of the brachial nerves and the arm was easily reduced, apparently without much suffering; the water-dressing was applied, and the patient soon recovered. In my opinion, if the dry-cup

was applied over the origin of the nerve distributed to the dislocated part, instead of the patient being nearly pulled to pieces with ropes and pulleys, as is sometimes the case, the joint could be reduced with far less suffering, and much easier.

Of the alterative effects of dry-cupping, I scarcely know where to begin detailing cases; it is incomparably superior to blue pill or any form of mercury. In January, 1848, I took charge of the case of a woman with chills, who had been in the hands of a distinguished physician for about six months. For the purpose of invigorating her health, so that the chills would *stay stopped*, dry-cupping, with frequent sponging of the whole body with tepid water, was recommended. As a matter of course, the chills were cured, and, moreover, have never returned since. This case is mentioned, not because of the thorough cure of the chills, for in that there was nothing uncommon, but for another consideration. When put in charge of the case, I was informed she had had a tetter on her leg for thirty years, and a great number of physicians had prescribed for her without success. I concluded not to do anything for the tetter until she was cured of the chills; but to my great surprise the dry-cupping had cured that also, and so thoroughly that it has never returned. The cupping was continued every alternate night for about four months. I took the hint thus accidentally given, and have since cured a case of tetter of twenty years' duration, and it continues well; it is now about three years since the cure. Of course, I now recommend dry-cupping in preference to all other remedies, for tetter. If you wish to see the alterative effects of dry-cupping, the first time you ride out to Mill Creek, near your city, call on Mr. Edward H***. In '47 he was not able to walk across the room without a crutch, from rheumatism and an injury in the groin. For about four years he has been walking without his crutch, briskly, too, and can ride on horseback anywhere, while in '47 he could not ride on horseback at all; and a few weeks since he told me that he was in better health than he had been for twenty years. The course of treatment recommended was dry-cupping the whole length of the spine, with frequent sponging of the whole body with warm water. For ulcers it is superior to all salves and ointments, and even superior to the water-dressing.

For its emmenagogue effects, dry-cupping can be recommended with equal confidence. I do not believe any case of amenorrhœa or dysmenorrhœa would resist its steady application, accompanied with frequent bathing. Some years since, I had a severe case of dysmenorrhœa, of only five months' duration, however. Feeling anxious to afford prompt relief, a celebrated physician was consulted, but not taking his plan, concluded to try dry-cupping, as I had three weeks to go upon. The cups were applied every alternate night the whole length of the spine, more strongly over the origin of the nerves distributed to the uterus; and the result was, at the next period, only a slight headache for a few hours was felt, and the second period no inconvenience whatever.

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The glasses commonly used for cupping are too small—tumblers with a thick rim answer much better. Each one should stay on about five or ten minutes, and when it is desirable to produce an impression on a given part, the cup should be more strongly applied over the origin of the nerves distributed to that part. With nervous patients only one or two cups should be applied at first, afterwards gradually increasing the number. If they are applied the whole length of the spine at first, the next day perhaps the patient will not be able to hold his hands still. Like all other remedies, it requires judicious use.

I hope the reader will not consider dry-cupping my favorite hobby; I have one I ride in preference. To any one disposed to verify the above state-

ments, names, dates, and residence will be given on application to me.—*Nashville Journal of Medicine.*

Removal of Pessary, after 41 *years residence in the Pelvis.* By F. T. Hurxthal, M. D., Massillon, Ohio.—Mrs. Lederman, German, æt. 73, was attacked, December 17, 1851, with a violent cough, pain in the right side, with high febrile action. Auscultation revealed pneumonites of mild character. These symptoms promptly yielded in a few days, and convalescence established. On the second day of the attack, whilst coughing violently, she felt some pain in the pelvic region, which partially gave way to topical applications. After she commenced to move about her room, the pelvic pain returned, and gradually augmented until the suffering compelled her to return to her bed, and I was again summoned to see her; from the history she gave me I was apprehensive of finding a hernial protrusion of the right ovary into the vagina. An exceedingly fetid discharge had appeared the day before, and at this time the irritation communicated to the neck of the bladder was so great as to produce incontinence of urine, which added much to her misery, excoriating the external genitals and rendering life a burden. Consent to a vaginal examination being readily granted, I introduced the index finger into the vagina; its progress was interrupted by the presence of a rough, circular body, which appeared to rest upon the perineum, and arise up behind the symphisis pubis. Finding I could make no impression upon it with the finger, without inflicting great agony upon the patient, I desisted, and represented to her that there was a foreign body there, of some kind, which would have to be removed before she could by any possibility recover. Upon interrogating her as to whether she had ever introduced any substance into this canal, she gave me the following account: In 1811, after a confinement, she had prolapsus uteri, and upon consulting a midwife (in Germany), she introduced a ring, which she said was made of wood, covered over with beeswax (*Cera flava*). She stated that she had never extracted it since it was first placed there, nor has she ever felt the least inconvenience from its presence until now.

I plainly stated to her that recovery from her truly distressing condition would be impossible without the removal of this substance. To the operation for its removal she readily consented, and on the following day I took Dr. Wm. Bowen with me, and after a tedious and unpleasant operation, succeeded in removing a pessary of 3⅜ inches in its long diameter, and 2¼ inches in its transverse diameter.

The pessary was a circular ring of dense wood, over which, originally, a layer of 1-16 inch of beeswax had been placed, making the thickness of the ring nearly ¾ of an inch. It now presented the appearance of a roughened stone, in some parts over an inch thick, the deposit having much the appearance of stone in which the phosphate of lime predominates. The difficulty in the operation consisted in the contracted state of the os externum, not being over 1¼ inch in diameter, and defying all effort at dilation. The perineum was dense and unyielding, and reminded me strongly of the ligamentum nucha. After a vain effort with a blunt-hook, introduced into the eye of the pessary, we determined to cut it into pieces, which was accomplished with a pair of scissors about three inches long in the blades, and the whole removed in four parts.

We directed the vagina to be well washed out with soap and lukewarm water for a few days. The recovery was speedy and complete.

Ohio Med. and Surg. Journal.

THE

NEW JERSEY MEDICAL REPORTER.

VOL. V. SEVENTH MONTH (JULY), 1852. No. 10.

Case of Tetanus successfully treated.

By J. BIRDSELL, M. D.

ON the evening of March the 23d last, I was called to see Thomas Githens, æt. 33, of rather intemperate habits, who had been ill for several days, though not under my charge. From the symptoms, I inferred some previous injury, and found he had some three weeks since run a rusty nail in the ball of his right foot, which was sore for several days, but after the application of ley poultices healed, and had remained sound since. The patient had continued well till, working at his trade (a carpenter), on St. Patrick's day he took a severe cold, and had since been complaining. When called, I found no tenderness or tumefaction of the foot, but his jaws were rigid, and he complained of a continual aching with rigors along the spine, which he said had continued for two or three days, but were now getting worse. I immediately diagnosed *Tetanus*, and ordered Tinct. Opii gtts. xl every hour and a half till morning.

March 24, 8½ o'clock A.M. Patient worse, with a continual rigidity of the dorsal muscles and those of the neck—trismus and opisthotonos complete—the violent spasms recurring every few minutes; pulse 90, full and strong. Ordered the following:—

℞. Chloroform f ʒjss;
Morph. sulph. gr. ij;
Tr. opii f ℥ss;
Muc. acaciæ f ʒj.
M. Sig. A teaspoonful every hour.

At 10 o'clock A. M. I called, in company with Dr. Isaac S. Mulford: condition of the patient the same—ordered an addi-

tion to the foregoing prescription of tr. aconite gtts. xxxv, to be taken as before.

2½ o'clock P. M. Patient no better, sweating profusely; applied the caustic potassa freely for about one inch in breadth, and the same distance from the spine, on each side, from the second dorsal vertebra to the sacrum.

10 o'clock P. M. Patient no better, weaker; ordered the free administration of Madeira wine; difficulty all along in swallowing, and sucks fluids between his teeth; continue treatment.

25*th*, 9½ o'clock P. M. Met with Dr. Mulford; the opisthotonos much abated, but the stiffness of the neck and trismus continue, emprosthotonos having set in, though with less severity than the other; continue treatment, and apply a cloth saturated with the tr. aconite over the abdominal muscles; also, bowels being torpid and troubled with flatus, ordered the following injection:—

℞. Sem. lini. decoct. Oss;
Ol ricini f ℥ij;
Magnes. sulph. ℥j;
And milk-punch freely.

2 o'clock P. M. Patient better, bowels opened freely, jaws much relaxed, so that he can protrude his tongue; spasms lighter and at longer intervals, and continue in the abdominal muscles and left arm and shoulder: continue mixture, &c. &c., and applied the caustic from the nape of the neck between the scapulæ, meeting the old cauterization.

26*th*, 8 o'clock P. M. Continues better, though weak, and pulse over 100: tympanitis, spasms very light and further apart; arm and shoulder worse; used an injection of vinegar ℥j, and decoction of flaxseed Oss, and bathed the arm and shoulder with tr. aconite; continue mixture.

9½ o'clock A. M. Again met Dr. Mulford; patient better, has eaten freely of oyster soup, and partaken of milk-punch; shoulder somewhat painful; slight rigidity of the abdominal muscles; can open his mouth one inch. Pulse 85, full and soft; continue treatment, and use the acid injection if the tympanitis returns.

2 o'clock P. M. Continues better, has considerable appetite, *and eats freely* of soups, &c.; continue medicine.

27*th*, 9½ o'clock, A. M. Met Dr. Mulford; patient same, perspiring freely; ordered to be bathed with brandy and alum; continue treatment.

8 o'clock P. M. Patient getting better, can sit up for a short time; feels very stiff; perspiration less; pulse frequent and full; enema has not operated, repeat it, and continue treatment by diminishing the dose of the tinct. opii ten drops.

28*th*, 9 o'clock A. M. Patient same, bowels not moved; repeat the enema.

8 o'clock P. M. Patient the same, bowels still unmoved; ordered ol. tiglii: gtts. ij made in six pills, one to be administered every hour and a half.

29*th*, 9½ o'clock. Met with Dr. Mulford; patient much worse, opisthotonos returned and also the trismus. The spasms are fifteen or twenty minutes apart, and of shorter duration than in the beginning of the disease; bowels still costive; took but three of the pills; the patient supposing they caused the return of the spasms; ordered the injections repeated every hour till there should be a free fecal evacuation, and, if failing, to take calomel and jalap āā grs. x at one dose; renew the application of the caustic, take as much wine as the difficulty of swallowing will permit, and bathe the back and abdomen with tr. aconite; continue mixture.

3 o'clock P. M. Patient easier, pains slight and less frequent; bowels have been freely opened; took two powders of calomel and jalap. Has taken six teaspoonfuls of tr. opii in conjunction with his mixture since morning; expels much flatus; jaws more relaxed; continue the anodyne and stimulant treatment, and apply a large hot poultice to the abdomen.

8 o'clock P. M. Patient rather better; continue treatment.

30*th*, 9½ o'clock A. M. Met Dr. Mulford; patient continues better, bowels opened very freely; continue treatment.

9 o'clock, P. M. Patient worse, spasms returned, though not very severe; ordered the calomel and jalap powder, two doses four hours apart; applied the caustic to the spine again, and ordered the mixture continued and the free administration of laudanum.

31*st*. Bowels opened freely and spasms less severe. From

this time the spasms diminished in severity, and the bowels continued very freely open, notwithstanding his taking a large amount of laudanum, frequently as much as ℥ss per hour until he was narcotized. A strong decoction of green tea subdued and controlled the action of the bowels. The spasms continued at longer intervals and still lessening in severity, until the 6th of April, when they subsided entirely, though leaving much rigidity of all the voluntary muscles for nearly two weeks longer. On the 20th, he began to move about the house with difficulty, and on the 24th was out of doors and is now entirely well.

When the spasms subsided entirely, the chloroform was left off, and he was treated by gradually diminished doses of tr. opii and tr. aconite during his convalescence, with wine, nutritious diet, &c.

CAMDEN, *April* 29, 1852.

Treatment of Leucorrhœa. By F. J. STRATTON, M. D.

WE all know how exceedingly obstinate and vexatious, both to patient and her medical adviser, are many long-standing cases of leucorrhœa, particularly where they occur in relaxed conditions of the system, especially in aged females. For the last three years I have used but one prescription in these cases, and always with prompt success. Formerly I was in the habit of administering copaiva, cubebs, iron, &c. &c., with very uncertain results. The following is my present formula:—

℞. Tinct. iodine f℥ii;
Aqua destillat. f℥iv.
Mix.

This I direct to be used as a vaginal injection—a single ordinary-sized female syringe, full at a time, being sufficient.

The first application is apt to produce considerable pain, particularly if there exist excoriations from the effect of acrid secretions. The characters of the secretion will be immediately changed to a semi-sanguineous color, and for a day or two is

apt to be quite profuse; it will then rapidly diminish, ceasing sometimes all at once, to return no more. The injection may be repeated daily, or every second day if too much smarting be produced, until the cure is effected. To patients where much anemia exists I am in the habit of administering, at the same time, muriated tinct. ferri; and, under this combined simple treatment, it is often astonishing to witness the sudden change from extreme debility and melancholy, to strength and elasticity of spirits.

The stimulating effect of the iodine is almost sure to bring on a return of the menses, if amenorrhœa have accompanied the leucorrhœa.

I need scarcely add that it is only in the *vaginal* form of the disease that I use it. The *uterine* form of the complaint is more rare, according to my experience, than many authors would have us believe.

West Alexandria, Ohio, *May* 21, 1852.

Singular Case of Rheumatic Neuralgia. By James H. Stuart, M. D.

Mr. Editor: I observe that in your editorial remarks, you frequently call upon your correspondents for reports of cases. Now, as a rule, I am rather opposed than otherwise to that very thing. Because, for every case of real value that is reported, there are at least ten of no use whatever, and only calculated to confuse the minds of the readers. Whenever a practitioner meets with one that is anomalous to *him*, he forthwith considers it a very remarkable circumstance, and immediately favors the nearest journal with the full details of what may be perfectly familiar to many others.

I know not but that may be the case with myself at present. However, I shall be as brief as possible, and allow you to be the judge, with full authority to reject my communication if you choose.

Some months back, I was in attendance on a lady who had suffered for a long time from neuralgic pains, affecting various regions, and simulating, at different times, inflammation of almost all the viscera. Indeed, so perfect was the resemblance, that it took a most patient exercise of the "diagnosis by exclusion" to determine the true character of the ailment, and almost baffled both my patience and my science—neither perhaps of a very exalted character. I had scarcely disposed of these, before true inflammation of the fauces set in, combined with slight bronchitis. The uvula became enlarged and lengthened; and by tickling the glottis kept up the cough, which was otherwise nearly cured. Antiphlogistics had failed to prevent this enlargement. Astringents failed to remedy it; and I employed the dernier resort—the scissors. In snipping off the thickened membrane, the point of the scissors caught, for one second, by a space no larger than a needle's point, in the palate just behind the uvula. It was followed by the most excruciating pain; which, instead of subsiding, seemed to grow worse every moment. Nothing gave relief until I tried the internal application of chloroform, which procured a temporary ease. In the afternoon I was sent for again, and found the pain had descended to the pharynx and œsophagus. The frænum was red and swollen. Every effort to swallow gave intense agony. All I could do was to palliate the suffering. It was evident that a nerve, probably one of the twigs of the glosso-pharyngeal, had been touched, but this was rather too alarming a train of circumstances to follow such a trivial injury. I could recall no account of such a case, nor could any of the "brethren" I applied to, assist me. However, a few moments' reflection convinced me that there was a violent predisposition to rheumatic neuralgia, which had been at once brought into full force by the injury. The rheumatic element accounted for the redness and swelling; the neuralgic for the pain. I used the ordinary remedies—tonics, guaiac, colchicum, &c.; and she began to amend immediately, and in three days was well.

Erie, Pa., *June*, 1852.

On the Use of Forceps in Parturition. By the Editor.

The physician is nowhere more welcome than to the lying-in chamber. For anxious and weary months has the patient, who claims his services at the period of parturition, waited for the time when she should be relieved of all her fears, and enjoy the delight, which only a mother feels at the termination of her parturient sufferings. And yet, though looked for so anxiously, though welcomed so warmly, it is often the case that the physician considers himself a mere visitor, to watch the operations of nature, and wait quietly to witness the conclusion of a natural effort. He inquires if the pains are severe; indeed, he sees with his own eyes the expression of torture which marks the visage of his confiding patient. He examines, per vaginam, and, if nothing appears to be wrong, he is the more welcome, and the more trusted, because he announces the pleasing intelligence that "all is right." What does he mean by saying that "all is right?" The pelvis is ample; the vertex presents in a favorable position; the pains are regular; the membranes entire; and the strength of the woman is being expended in forcing a passage of the fœtal head through the superior strait. It goes on well; the floor of the pelvis is reached; the inferior strait is passed; the perineal tumor formed, and the child protruded. He is then thrice welcome, as the deliverer of the patient from suffering, and the donor of a priceless gift to the exhausted, but happy and grateful mother.

Suppose, however, the condition of things to be somewhat modified, not sufficiently so to make it wrong, but yet enough to cause difficult labor. Labors are often extremely painful and protracted when "all *is* right." The pelvis may be ample, and the head ample, too; the diameters of the one may correspond with the diameters of the other, and yet the head be more than usually hard, or the muscles of the pelvis more than usually rigid. "All is right," still. There is no mal-position of the fœtus—no deformity of the cavity through which it passes; the membranes are entire; the secretions copious; the pains laborious; and the strength of the sufferer apparently unfailing.

"All is right," and yet hours and hours pass away; the woman, still with characteristic energy, laboring—and hoping on, and the child is not born. She inquires of the doctor why it is. The deliberate answer informs her, that nature is doing her work faithfully; that she must "patiently wait and quietly hope," till it is over. Another examination reveals a little progress, and the poor woman takes fresh courage, and nature, with unyielding voice, bids her labor yet longer. Such is the usual practice; and such it has always been with most practitioners.

We propose to inquire whether it ought to be so, as the object of obstetrical science, at present, seems to be for the purpose, not of rendering natural labors easy, but of overcoming unnatural obstructions; for we can see no good reason why rules may not be established for the regulation of natural effort. A man may have ague and fever, and may get well without treatment; but judicious medication, under the advice of a physician, will facilitate the cure. A simple wound of the flesh will generally heal if let alone; but if the surgeon brings together the separated edges, and keeps them at rest, union will take place much sooner than if nature is left to produce granulations over a large surface. Why not then apply the same principles of treatment to facilitate the progress of a natural physiological result in obstetric practice? Suppose the labor to be protracted in consequence of rigidity of the vaginal or perineal muscles, or both; the head pressing firmly and constantly, with but little progress. What is the course of nature here? The head being the firmer substance, must overcome the muscular contractility by continued pressure, until the passage is made large enough to accommodate its size and shape. Now, if it be possible, without danger to the mother or child, to lessen the size, or alter the shape of the head, it is evident that the amount of resistance to its passage will be less, and consequently the pain proportionably diminished, while the termination of the labor will be greatly hastened. Nature herself invites the accoucheur to assist her. She has furnished yielding and lubricated muscles; and a head with sutures, fontanelles, and soft bones, for the purpose of diminishing its size, or altering its *shape. If there* is contraction of the *pelvis*, the forceps are

applied to the fœtal cranium in order to lessen its diameters in the direction of the contraction; and he who would not do it can lay no claim to skill in the practice of the obstetric art. If rigid muscles, instead of rigid bones narrow the vaginal canal, why should not the same principle and the same practice be adopted, as well in one case as in the other? True, the muscles may yield *in time*, and the difficulty be removed by natural effort; but the question of time is of great moment to the patient. She will not voluntarily suffer twelve hours, if she can be relieved as readily, and without risk, in six. Neither should her medical attendant expose her to the risk of excessive fatigue and exhaustion, by allowing her to undergo a protracted labor, if it is in his power to shorten the period.

But the question arises, can a natural labor be safely shortened? The objector says: if the child is removed before the uterus has fully completed its contractile effort, dangerous, and even fatal hemorrhage may result. But do you so abbreviate the uterine contractions by forceps delivery? Let us see—there is no reason to warrant the conclusion that the muscular rigidity is for the purpose of protracting labor to avoid hemorrhage by a more gradual and complete closing of the uterine vessels; indeed, experience proves to us that the most lengthened efforts are sometimes followed by the most dangerous bleeding; and that the uterus itself refuses to contract kindly at last, neuralgia being often developed as the result of excessive irritation, irregular, or long-continued efforts. No cases of labor terminate better in the after stages, as a general rule, than those which have been easy and rapid. Less hemorrhage follows; the uterus is more likely to resume its natural position; displacements are less frequently the consequence of rapid, than of slow, tedious, and long efforts.

But, is not injury done to the child by the force and pressure applied by the forceps? Not when properly applied. The forceps act only as a pair of hands, to embrace the head, and press together the soft and yielding bones, and then gently to assist nature during an effort, by careful traction. The rigid muscles, acting spasmodically, under the influence of irregular and excited

nervous power, are more likely to do harm, than the gentle, prudent, and efficient efforts of the accoucheur.

We have applied the forceps for several years past, in cases where the labor has been rendered extremely painful and protracted, by reason of the rigidity of the vaginal muscles, and we think we have accomplished the following important ends. Firstly, the size of the fœtal head has been diminished, and thus less uterine effort needed. Secondly, the muscular resistance has been more readily overcome by the steady traction effort employed by the operator. Thirdly, the relaxation of the muscles, has allowed the secretions to be more abundantly supplied, and the passage of the head rendered more easy. Fourthly, dangerous and long-continued pressure upon the child's head has been avoided, and a better chance afforded for its life. Fifthly, the sufferings of the mother have been materially lessened, so far as time is concerned, at least; and Sixthly, there is generally a better getting up in consequence of there being less relaxation to overcome; the tissues are less out of tone, and less time is, therefore, required for their restoration. Of course, the os uteri is allowed to dilate completely, before the application of the instruments. It may be asked, whether any unusual force is applied in the delivery: the answer is, no! The head is clasped by the blades of the long forceps; the handles are gradually drawn together, and fastened with a fillet, and when the pains return, assistance is rendered; but no *unnatural* force is applied; nature herself forces the child into the world; she works, too, against a powerful counteracting force. Slight traction, in the direction of the strait, is only needful, and that, while it should be gentle, should also be steady during the pains.

These suggestions are thrown out for the consideration of the profession; and it is hoped they may be honestly received, as they are honestly offered. When we commenced the practice of medicine, we were advised to procure a pair of Hodge's long forceps, and put them aside to be used only in special cases, and then in the presence of a consulting physician: we soon met with a special case, and were so pleased with their action therein, that we determined to become more familiar with them. Experience *soon* taught us, however, that this advice was not as well timed,

as it was well meant; that it would not do to consume hours by sending miles for another physician, and the forceps, while the patient was suffering the pangs of childbirth, from which she might be relieved, with judicious management, in less than the time consumed in sending for assistance; so that the forceps became as needful to the outfit of our sulky, as the medicine case. We may mention also the advantage of becoming accustomed to their use in natural labors, that they may be the more readily applied under more unfavorable circumstances. We esteem it a safe rule to deliver by forceps in natural labor, when the woman, having suffered long, is becoming exhausted and disheartened. Under such circumstances, they are readily allowed, and generally in the next confinement *desired* by the patient.

Burlington, *June*, 1852.

Severe and Extensive Injury to the Brain followed by Recovery.

By W. Mortimer Brown, M. D.

The cases, published in your last number, of injuries of the head, with loss of a portion of the brain, have brought to my mind a case which I attended some years since, which may be deserving of record, as a case of recovery after a portion of the brain had been severed from the cerebral mass, replaced, and apparently reunited. The wound was made by a sharp axe, which, in the hands of a strong and angry man, was driven with such force as to make a section in the skull, cutting off a portion of the brain which remained in its situation in the severed portion of the skull, hanging down on the shoulder attached by a strip of integuments to the neck. The part cut off was the posterior part of the parietal bone, and the orifice through the inner table of the skull was about an inch and a half, and the portion of brain excised, over an inch in diameter.

The man was able, after the injury, to walk some rods with assistance, and talked in a rational manner by the way. Securing the occipital artery, which had been divided, removing

some small fragments of bone, shaving around and thoroughly cleansing the wound, I restored the flap of integuments, with the portion of skull and brain, to its proper position, and secured them by stitches, adhesive plaster, and a roller. The head was kept elevated and cool, a light diet enjoined, and a solution of sulphate of magnesia, and tartrate of antimony and potassa, given to move the bowels, reduce the circulation, and restrain the appetite.

The mental faculties remained unimpaired, except for a short time on the second day; the wound healed rapidly, being entirely closed in a week, no unpleasant symptoms afterwards occurred, and on a subsequent examination the severed portion appeared to be firmly united to the cranium, no motion being perceptible on firm pressure, and no inconvenience being felt when galloping on horseback.

There was no evidence in the dressings of the discharge of any portion of the brain, and, in all probability, the severed portions reunited without loss of substance.

The case was watched with some interest to mark the development of any peculiar mental phenomena, but nothing occurred worthy of note, though, at the time of the examination of the wound, pressure was made upon the exposed portion of brain.

NEWARK, *June*, 1852.

BIBLIOGRAPHICAL NOTICES.

A Treatise on the Practice of Medicine. By GEORGE B. WOOD, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania; President of the College of Physicians of Philadelphia; one of the Physicians of the Pennsylvania Hospital; one of the Authors of the Dispensatory of the United States of America, etc. etc. Third edition. In two volumes. Philadelphia: Lippincott, Grambo, and Co.

LIKE everything from the pen of Dr. Wood, the work before *us abounds in* the useful and practical. Nearly eighty pages

have been added to this edition, over the last, while the second was nearly twice the size of the first. Several additions have been made to the present issue, among which are notices of the relapsing fever of Dr. Jenner; the leucocythæmia of Professor Bennet; the dengue, and certain cutaneous affections. A more free discussion is given to important subjects, embraced in the previous editions; such as, inflammation, epidemic cholera, phthisis, &c. &c.; with an extended reference to recent microscopic discoveries. Dr. Wood has avoided noticing a few subjects, sometimes treated of by the general medical writer, which may be more justly referred to the surgeon and obstetrician: but all the diseases belonging exclusively to the practice of medicine as a distinct branch have been faithfully considered. One of the most valuable portions of the entire work may be found under the head of General Pathology and Therapeutics; the principles of which are presented in a clear and forcible manner, while individual diseases are systematically treated of, with symptoms, course, anatomical characters, &c. &c. The volumes contain 1700 pages, and are neatly and substantially executed.

Summary of the Transactions of the College of Physicians of Philadelphia, from January 20, to April 6, 1852, inclusive.

This Quarterly, from which it has been our habit to make copious extracts, is again on our table. Elwood Wilson, M. D., reports a

Case of Sudden Death from Arterial Hemorrhage, within the Walls of an Abscess.—The patient was a female of feeble health; when first seen, was sitting up; had fever and headache; distressing itching from an eruption; loss of appetite; general debility; was jaundiced; pulse 130; had a large abscess just at and under the angle of the inferior maxilla on the right side, discharging ill-conditioned pus; margin irregular, hollow within. Was treated for twelve days with soothing and disinfecting local applications, nutritious baths, and wine whey, iodide of potas-

sium, cathartics, &c., internally, and seemed to be doing well till the eleventh day of the attack.

"It became now very painful; the inflammation extending down the neck. On the 16th, it had pointed near the surface, about two and a half or three inches below *the original opening.* I should have opened it at this point, but the patient was quite weak, and I deferred doing so for one day; during the night of the 15th, after making a little exertion, she was taken with nausea and vomiting, which were followed by passive uterine hemorrhage, so that she saturated thirty napkins in about twelve hours. I gave her freely of the wine of ergot two and a half f℥, during the twelve hours, removing the pillow from her head, raising her hips, &c. On the evening of the 16th, the hemorrhage stopped, leaving the patient pale and weak, with a pulse 130, feeble: the discharge from the abscess was now mixed slightly with blood, and there was also slight oozing of blood from the gums. Ordered *wine whey*, broth, &c. Had rather a restless night.

"At about 9½ A. M. on the 17th, she raised up in bed, and immediately blood gushed from the abscess, and in a few minutes she was dead. I could not obtain the privilege of an examination, and it is impossible to tell where the blood came from; but, from the suddenness and rapidity of the hemorrhage, together with the bright color of the blood and the rapid termination of the case, I have no doubt it was from a ruptured artery, either the carotid or submaxillary."

LEUCOCYTHÆMIA.

"Dr. Wood called the attention of the College to a form of disease which has been described by Dr. Bennett, of Edinburgh, under the name of *leucocythæmia*, the leading characteristic of which is an excess of the white corpuscles of the blood. There is now a case of the disease in the Pennsylvania Hospital. The patient, a male, of about seventeen years of age, was admitted, laboring under symptoms of anæmia, with some anasarcous effusion, general debility, and great enlargement of the spleen. The blood was examined by Dr. Ardnell Hewson, resident physician of the hospital, who is accustomed to microscopic investigations, and found by him to contain a great excess of white corpuscles. There could be no doubt that it was a case of the leucocythæmia of Dr. Bennett. The patient was put upon the use of iron and quinia, with a good diet. Under this treatment, the dropsical symptoms and enlargement of the spleen rapidly diminished, and the patient soon became restored to a degree of robustness which was in strong contrast with the debilitated appearance he presented at his entrance in the institution. The spleen was evidently diminished in bulk; but at the same time the liver was found to have become enlarged. On examining the blood under the microscope, it still exhibited the same excess of white corpuscles. Dr. Wood supposed that the patient had been overstimulated by the treatment to which he had been subjected. A less invigorating diet was directed, small doses of blue mass were administered, and a blister was applied over the right hypochondriac region. Under this treatment, the condition of the liver became improved; but as the symptoms of anæmia reappeared, and the spleen began again to enlarge, a blister was applied over the left hypochondrium, and nitro-muriatic acid was substituted for mercury. The visceral disease now rapidly diminished; but as the anæmia continued, recourse was again had to chalybeates. All the symptoms now improved; and an examination of the blood showed a very *considerable* diminution in the number of white corpuscles. When the

patient was last seen by Dr. Wood, the spleen was nearly of its natural dimensions, and the anemic symptoms had almost disappeared; but the liver still remained somewhat enlarged."

DR. BOND'S SPLINT.

Dr. Norris stated that five or six cases of fracture of the lower end of the radius had been treated by Dr. Bond's splint in the Pennsylvania Hospital, one of them being a very bad case, and that they all had done remarkably well, the patients suffering less than is usual with the ordinary splint. Dr. Isaac Parrish also stated that he had treated two cases with very satisfactory results.

The principal part of this number is occupied with a report on Meteorology and Epidemics for the year 1851, by Dr. Ruschenberger, which is too minute and voluminous to admit of extended notice in a journal like ours.

A special meeting was held in March, in consequence of the death of one of the fellows, Dr. William R. Grant, at which the following resolutions were adopted:—

"*Resolved*, That it is with feelings of the deepest regret the Fellows of the College have heard the announcement of the death of their colleague, Dr. William R. Grant, after an illness of only a few days' duration.

"*Resolved*, That by this unlooked-for event, the College has been deprived of a valuable member; one whose high professional character and attainments commanded the respect, while his moral worth won for him the esteem of its Fellows.

"*Resolved*, That they deeply commiserate with the family of their deceased colleague, in the sad bereavement which has so suddenly befallen them; and request the Secretary of the College to tender to his surviving relatives the expression of their sincere condolence.

"*Resolved*, That as a mark of respect for the memory of their deceased colleague, the Fellows of the College will attend his funeral from his late residence, on Thursday morning next."

EDITORIAL.

TO SUBSCRIBERS AND READERS.

We are informed by the publisher that an opinion has obtained in certain quarters, that the Reporter has been sent without authority to a

number of persons, who, having received it for a few months, felt themselves obliged to subscribe. The facts of the case are as follows: The old subscription book was placed in the hands of the present publisher nearly two years since. He continued to send the Reporter to those whose names he found recorded there, and did not afterward send to *any one as a subscriber, unless directly authorized to do so*, and no one has received it except by *special* order, unless perhaps half a dozen, on whom he called personally, and in their absence left numbers with their families, with directions to return them if they wished not to take it. We would not intrude upon any one. We are at work, as we conceive, for the general good of the profession, and we depend upon our brethren of New Jersey to sustain us. If they are unwilling to do so, we do not ask it at their hands. Our journal is, however, increasing in favor at home and abroad, the subscription list having more than doubled in less than two years, and we hope it will soon stand secure on the foundation it has reared for itself.

The prospectus of volume six will accompany our next issue.

Reorganization of the American Medical Association.

We were compelled to omit from our last number a full notice of the question of delegation, as it now stands before the American Medical Association; but we shall attempt to present the subject to our readers now as briefly and plainly as we can. The committee to whom the subject was referred at the Charleston meeting in 1851 could not agree entirely as to the alterations that ought to be made in the constitution. We believe they were equally divided; and the question at issue between them was the single one of excluding or receiving the schools and hospitals, by representation, at the meetings of the Association. Dr. Hays was the writer of one report, and Dr. Yardley of the other. They were each presented and read before the Association at Richmond, and both referred to a committee, who made a compromise report, differing somewhat from both the others. That portion of it relating to delegates is herewith presented. It advocates a restricted representation from the schools and hospitals, while Dr. Yardley and his colleagues recommend that these institutions shall not be represented, insisting that the State, County, and district Societies are the only true media of delegation. The report of the Richmond Committee, hereto appended, it seems to us, is the only one now before the Association. The other two have been disposed of by their reference to the Committee, whose report, being accepted, becomes the property of the Association for future action. The question of county and State delegation, however, though not presented in the compromise report, will come up at the next meeting, in the shape of a distinct proposition, made by a gentleman whose name we do not recollect, and whose resolution, we regret to say, has not yet appeared in any report of proceedings *that* we have seen. We have already expressed our views upon the subject, *and a number of* medical societies in New Jersey have declared by resolu-

tions their preference for the alteration proposed by Dr. Yardley, and we forbear any further remark upon the subject at this time. It will be well to say, however, that the design is not to exclude Professors and Hospital Teachers from the Association altogether, but merely to disallow their representation of *private* institutions; so that in the great national assembly, there shall be no professors *as such*, or hospital teachers *as such;* but that all should stand on equal and common ground as it is thought their large experience and opportunities for enlightening the profession may be made available for the general improvement of the profession, just as well as delegates from societies, as from schools.

§ 1. The delegates to the meetings of the Association shall collectively represent and have cognizance of the common interests of the medical profession in every part of the United States, and shall hold their appointment from county, state, and regularly chartered medical societies; from chartered medical colleges, hospitals, and permanent voluntary medical associations in good standing with the profession. Delegates may also be received from the medical staffs of the United States army and navy.

§ 2. Each delegate shall hold his appointment for one year and until another is appointed to succeed him, and he shall be entitled to participate in all the business affairs of the Association.

§ 3. The county, district, chartered and voluntary medical societies shall have the privilege of sending to the Association one delegate for every ten of its resident members, and one more for every additional fraction of more than one-half of this number.

§ 4. Every state society shall have the privilege of sending four delegates; and in those states in which county and district societies are not generally organized, in lieu of the privilege of sending four delegates, it shall be entitled to send one delegate for every ten of its regular members, and one more for every additional fraction of more than one-half of this number.

§ 5. No medical society shall have the privilege of representation which does not require of its members an observance of the code of ethics of this Association.

§ 6. The faculty of every chartered medical college acknowledging its fealty to the code of ethics of this Association, shall have the privilege of sending one delegate to represent it in the Association: *Provided*, That the said faculty shall comprise six professors, and give one course of instruction annually of not less than sixteen weeks on Anatomy, Materia Medica, Theory and Practice of Medicine, Theory and Practice of Surgery, Midwifery, and Chemistry: *And provided also*, That the said faculty requires of its candidates for graduation—1st. That they shall be twenty-one years of age; 2d. That they shall have studied three entire years, two of which must have been with some respectable practitioner; 3d. That they shall have attended two full courses of lectures (not however to be embraced in the same year), and one of which must have been in the institution granting the diploma, and also where students are required to continue their attendance on the lectures to the close of the session; and 4th. That they shall show by examination that they are qualified to practice medicine.

§ 7. The medical faculty of the University of Virginia shall be entitled to representation in the Association, notwithstanding that it has not six professors, and that it does not require three years of study from its pupils, but only so long as the present peculiar system of instruction and examination practised by that institution shall continue in force.

§ 8. All hospitals, the medical officers of which are in good standing with the profession, and which have accommodation for one hundred patients, shall be entitled to send one delegate to the Association.

§ 9. Delegates representing the medical staffs of the United States army and navy shall be appointed by the chiefs of the army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers and an equal number from the navy medical officers.

§ 10. No delegate shall be registered on the books of the Association as representing more than one constituency.

§ 11. Every delegate elect, prior to the permanent organization of the annual meeting, and before voting on any question after the meeting has been organized, shall sign the constitution and inscribe his name and address in full, with the title of the institution which he represents.

Dr. Gooch and Stethoscope.

We acknowledge hereby the kind attentions of Dr. Gooch of the Virginia Stethoscope, and one of the secretaries of the American Medical Association, for his kindness in furnishing us with the proceedings of the Association, not only in manuscript from his own table while at Richmond, but since, in an extra sheet of his journal.

Philadelphia College of Dental Surgery.

We have received the first annual announcement of this College, which has been recently established under, we think, very favorable auspices. To name the faculty will be to give the character of the institution. J. D. White, M. D., D. D. S., Professor of Anatomy and Physiology; Ely Parry, M. D., D. D. S., Prof. of Chemistry, Materia Medica, and Special Therapeutics; Robert Arthur, D. D. S., Prof. of Principles of Dental Surgery; Elisha Townsend, M. D., D. D. S., Prof. of Operative Dental Surgery; T. L. Buckingham, M. D., Professor of Mechanical Dentistry; D. P. Whipple, M. D., Demonstrator of Surgical and Mechanical Dentistry. Elisha Townsend, Dean of the Faculty, Locust St. above Schuylkill Seventh.

It seems appropriate that the Athens of *medical* learning in this country should also be the seat of *dental* instruction. We believe the facilities for imparting this kind of instruction are fully equal, in Philadelphia, to those of any other city, and are sure that her dentists are not a whit behind any, in their qualifications for teaching.

We bespeak for the enterprise its full share of patronage, and cordially wish the faculty success in their undertaking. *

Death of Prof. James B. Rogers.

We are pained to learn, just as this sheet is going to press, that Dr. James B. Rogers, late Professor of Chemistry in the University of Pa., is no more. We hope to give particulars in our next.

PROCEEDINGS OF MEDICAL SOCIETIES.

The District Medical Society for the *County of Essex* held its annual meeting at the City Hotel, Newark, on Thursday, 29th of April. An address was read by the President. Papers were also read by Dr. Kent on Erysipelas, and by Dr. J. Henry Clark on Fever. Drs. E. D. G. Smith and Ludwig Braun were admitted as members of the Society. The cases of several other applicants were postponed till the next meeting. The following officers were elected: President, A. N. Dougherty; V.-Pres., L. A. Smith; Sec., W. T. Mercer; Treas., W. M. Brown; Librarian, J. F. Ward.

Drs. Eyrich and Nichols were appointed Essayists, and Dr. J. H. Clark Reporter.

Delegates to the State Society:—Drs. Whitehead, Kent, Brown, and Dougherty.

Adjourned to meet on the last Thursday in April, 1853. *Why do not our Essex friends hold quarterly, or at least half-yearly meetings?*

The District Medical Society for the *County of Hunterdon* held its annual meeting at Flemington on the 6th of May. Present, eight members. Dr. James Pyatt, V.-P., in the chair. Dr. Willard F. Combs was unanimously received as a member, and Dr. Henry Smith of Somerset, after an examination by the Board of Censors, received his license, and was proposed for membership. Officers for the ensuing year:—Pres. Sam'l Lilly; V.-Pres. T. Edgar Hunt; Sec. W. F. Combs; Treas. G. P. Rex.

Drs. Lessey and A. S. Clark were appointed Essayists for the next meeting, and Dr. John Blane Reporter.

Delegates to the State Society:—Drs. Johnson, Blane, Lessey, and Combs.

PENNSYLVANIA STATE MEDICAL SOCIETY.

The following abstract of the proceedings of this Society is taken from the *Medical Examiner* for June. The Society met in Philadelphia on the 26th of May; the Pres., Dr. Charles Innes of Northampton Co., in the chair. Present, sixty-seven delegates from sixteen counties. The reading of the minutes of the last meeting being dispensed with, an address was read by the President. "The address was exceedingly eloquent and instructive, and was listened to with great interest and satisfaction by the Society." After adverting to the origin of the Society, and its progress during the five years it has been in existence, and lamenting the indifference of many of the profession in forming or uniting with county Societies, Dr. Innes said:—

"As regards the hostility to the county Societies, which had been elicited in some quarters, he must avow his frank conviction that it could proceed only from an absence of true professional spirit, and from an indisposition to look beyond individual aggrandisement. Indeed he must assign to selfish and mercenary motives the active opposition which had

been advanced to the late attempts to organize the profession in our State, and he trusted that all who had remained aloof, from mere indifference, would not for the future abstain from lending their names and influence to the cause of association.

"Dr. Innes commented with deserved severity upon the sinister and sordid views which had induced many to abstain from uniting in this organization. He felt that a disinclination to adhere to a proper fee bill was a motive, with at least some, for standing off; and he handled with just and pointed sarcasm the 'cheap doctors,' who underbid their compeers, to obtain practice, and brought our noble profession down to the level of a mere trade. He cited, as worthy of imitation, the example of the Western Medical Society of Wisconsin, which obliged the Corresponding Secretary to invite all practitioners residing in the State to become members of the State Society, with a proviso that those who should fail to respond to the appeal within six months, should be deemed irregular, and be cut off from professional intercourse. The Medical Society of Northampton county, Pennsylvania, had resolved to consult only with members of their own or other county Societies. In Erie county, also, the members of the county Society had adopted the same course, and declined all professional recognition of those who remained without the pale of their organization. These measures might seem ultra, but they were called for by the exigencies of the case, and he urged a non-intercourse policy—the *argumentum ad hominem*—as the only means of reaching the recusants. Some other lever than moral suasion was certainly needed to move them.

"In conclusion, Dr. Innes expressed his approval of the recommendations of the Philadelphia County Medical Society, as regards State representation in the National Medical Association."

One additional county medical Society was reported.

After the transaction of some unimportant business, and the appointment of a committee of one from each county to nominate officers, the reports from the different counties were presented, and read in detail. This course was adopted by the Society after some debate, in preference to having abstracts read. Reports were presented from twelve counties, many of them elaborate and learned, several being accompanied with geological charts of the counties, with statistical and topographical sketches, which renders them valuable to the profession generally. The influence of geological formations on disease has attracted considerable attention in Pennsylvania, and we trust our own and other Societies will turn their attention to the subject more than they have done. But more of this when the full report of the transactions is received.

The following resolution, offered by Dr. Hays, "designed to express disapproval of the puffing strain indulged in by the Faculties of certain medical colleges, in their annual circulars or announcements," was adopted:—

"*Resolved*, That the members of this Society, when associated for educational or other purposes, owe the same fealty to the code of ethics of the Society in their corporate and associate capacities, as they do as individuals."

Dr. Wimley, in accordance with instructions from the Montgomery County Medical Society, offered the following preamble and resolutions:—

"*Whereas*, At the last meeting of the American Medical Association, the

subject of amending the Constitution, so as to change the present mode of representation, was presented by a committee, and will be acted on at the next meeting of the Association; therefore

"*Resolved*, That the State Medical Society of Pennsylvania favors the principle of representation by delegates from *County*, *District*, and *State* Medical Societies, as that most accordant with the genius of our institutions, and most likely to promote the permanency and success of the National Association.

"*Resolved*, That the admission of delegates from Medical Colleges, Hospitals, and other medical institutions, although adapted to the forming stage of the Association, is no longer necessary; and is calculated to produce dissatisfaction amongst the mass of the profession, by creating privileged classes, and by giving an undue influence to physicians in large cities over those residing in country districts and in the smaller towns.

"*Resolved*, That restricting representation to *County*, *District*, or *State* Societies, and conferring upon the members of these bodies the right of membership in the National Association, will, in the opinion of this Society, offer a powerful inducement for Physicians throughout the United States to organize in their respective districts, and thus become constituent branches of the Association, and entitled to all the rights and privileges which such membership can confer.

"*Resolved*, That the delegates from this Society be requested to lay these resolutions before the National Association, signed by the officers of the State Society, and that they use their exertions to have the principle of representation herein approved, adopted by that body."

"Dr. Gries took the floor, in support of the resolutions, and read a written speech, of some length, in which he animadverted on the unnecessary multiplication of medical schools witnessed within the last few years, and on the almost total absence of a proper standard of examinations for degrees. He referred, in terms of warm commendation, to the admirable address of Dr. Jackson, (late of Northumberland,) delivered before the Philadelphia County Medical Society in February last, and expressed the hope that the State Society would endorse the principles urged by Dr. Jackson.

"On motion of Dr. Smith, of Delaware, it was now *Resolved*, That the members of the Society be not allowed to speak more than twice, or longer than ten minutes on the same question, without permission.

"It was ordered that the Montgomery County resolutions be taken up separately.

"Dr. Hays moved to amend the first resolution, by inserting—after the words 'County, District, and State Medical Societies'—'and a restricted representation from Medical Colleges, subject to certain conditions.'

"Dr. Hays believed that the introduction of these resolutions was an attempt to manufacture public opinion on the subject, and to prejudge the question in advance of the action of the National Medical Association. Under existing circumstances, he admitted that it was inexpedient to continue, unchanged, the present plan of representation in the Association. It was certainly unequal. But, in endeavoring to remedy this inequality, we should not go too far, lest, in the end, we overreached ourselves. If we exclude the Colleges entirely from representation in the Association, they become our masters. Allow them a restricted representation—he was not for extending it beyond a single representative—and we control them. By thrusting *all* the schools out of the Association, the good and the bad together, we shall be really giving countenance to those whose course is disgracing the profession. Say that those only who come up to the conditions *laid down* by the Association, and who comply in good faith with its

requisitions, shall have a place, and you will encourage the well-disposed schools to persevere in their efforts at improvement and reform, and ultimately break down those who pursue a contrary course. He said that the Committee of the National Medical Association, to whom this subject had been referred, proposed to allow one representative in the Association to all Colleges which had six professors, which gave an annual course of at least sixteen weeks, and which exacted from candidates for graduation, that they should be twenty-one years of age, have studied for three years, two of which must have been with some respectable practitioner, and should have attended two full courses of lectures. He was strongly of opinion that if we desired to see the schools come up to this standard we should not shut them out of our ranks. If we continued to receive representatives from them, he believed that we should ultimately destroy all who refused to comply with our demands.

"Dr. H. S. Patterson thought that the thanks of the Society were due to Dr. Hays for presenting the question in a nutshell. The question was now, clearly, whether the members of the medical schools were to sit in the National Association as *individuals*, or as *professors*. As regards the feeling of the schools on this point, he was pretty certain that they did not ask the privilege as a body, and that very many faculties were not at all strenuous about retaining it. Be this as it may, however, we have the question now directly brought to an issue, by the Montgomery County resolutions on the one side, and Dr. Hays' amendment on the other. Dr. Hays' argument, that we should keep the schools in the Association to have them under control, Dr. Patterson said, appeared to him like the idea of 'marrying a man to get rid of him.' He really could see no force in it. But he could see much force in the objections urged against the inequality and injustice of the privileges claimed for the schools. To allow a faculty of six professors one representative—for they could not go below one—was certainly to establish a very great disproportion between professors and members of the county medical societies. And, besides this, there was another injustice; the professors were twice represented, once from the faculties, and again from the societies. Now, there was a very general feeling, which, whether just or not, it was wise to respect, that this distinction ought not to be made between professors and other members of the profession. It savored of an oligarchy; it made a sort of upper house, although sitting in the same body. It were far better for the gentlemen of the schools to come down to the same level with their brethren, and to consent to make the National Association a purely representative body. He was for adopting an equal ratio—not so high as to exclude sparsely settled districts, but, on the other hand, not low enough to make the Association an indiscriminate crowd. And he thought there would always be a fair proportion of professors in the body, as in fact they often went there now, from this city, as representatives of the College of Physicians, and of the County Medical Society. There need be no fear, he thought, that the Association would lose a control over the schools, because they were not to be allowed to knock at their doors with the privileges of close bodies. They would always be within the reach of a sound and healthy public opinion; and this they would never defy. At all events, he had little faith in the efficacy of mere legislation. And he was satisfied that the establishment of an inquisitorial censorship over the Colleges, such as Dr. Hays' plan seemed to imply, was exceedingly difficult. It would certainly lead to a delicate and dangerous assumption of power, which would be always most reluctantly exercised, from an indisposition to establish personal enmities.

"Dr. Hays reiterated his views.

"*Dr. I. Parrish* expressed his cordial approval of Dr. Patterson's remarks.

"Dr. Condie was in favor of the amendment of Dr. Hays. His own opinions, which he had long since expressed, were in accordance with the tenor of the Montgomery County resolutions; but he knew that the sentiments which prevailed in the National Association were the other way, and he thought it inexpedient to tie the hands of the representatives whom we sent there, lest our vote should be lost. It was best for the present to be content with a *restriction* of college representation, and not to endanger the whole plan for improving the representation of the Association, in the attempt to accomplish too much.

"The question was now taken on the amendment of Dr. Hays, and it was lost—yeas 20, nays 25. The first resolution of the series was then adopted.

"The second resolution coming up, Dr. Stillé urged that there was a palpable impropriety in the use of the language, 'that the admission of delegates from colleges, &c., produces dissatisfaction among the mass of the profession;' as, on the contrary, the feeling at the late meeting of the National Association was nearly unanimous in favor of retaining a restricted representation of the colleges.

"Dr. Wood said that, although his position prevented him from taking part in the discussion on the main question, he must be permitted to observe that the close vote just taken here, (20 to 25,) made it pretty obvious that the feelings of the great mass of the profession were less earnest on the subject than the resolution claimed.

"After some further discussion, the second resolution was laid on the table, and Dr. Wimley subsequently withdrew it.

"Dr. Hays hoped the third resolution would be also laid on the table.

"Dr. Parrish urged its passage, deeming it strictly in conformity with the first resolution. It was adopted without a division.

"Dr. Stillé moved to lay the fourth resolution on the table. This motion was lost, and the resolution was then adopted.

"The preamble was then adopted."

The committee on nomination of officers reported the following: Pres. Hiram Corson, M. D., of Montgomery; Corresponding Secretary, Isaac Hays, M. D., of Philadelphia; Treasurer, Francis West, M. D., of Philadelphia. We omit the names of the other officers.

The following were appointed delegates to the American Medical Association: C. Innes of Northampton, Isaac Thomas of Chester, F. S. Burrowes of Lancaster, Joseph Carpenter of Schuylkill, Thomas Van Valzeh of Mifflin, R. E. James of Northampton, James R. McCoy of Bucks.

There are other interesting details, but our limits will not allow of any further abstracts.

After a session of *three days*, the Society adjourned to meet in Philadelphia on the fourth Wednesday in May next. *

ECLECTIC AND SUMMARY DEPARTMENT.

Tables of Marriages, Births, and Deaths in New Jersey for the year 1851.

We certainly need offer no apology for the space occupied by the following statistics. They are of general interest to the profession, and we should

be remiss in our duty as journalists if we passed them by. The tables are taken from the report made by the Secretary of State to the Legislature at its last session, for a copy of which we are indebted to his Excellency Governor Fort. The reports are not perfect, though there is great improvement over those of last year. Then there were 90 townships which did not report, and no county sent in complete reports. This year there are but 28 townships not heard from, and the counties of Essex, Gloucester, Morris, Passaic, Somerset, and Warren furnish reports from every township. "General complaint is made by the township clerks, that ministers, magistrates, sextons, and physicians do not make report to them as directed by law. *Physicians are especially, and almost universally spoken of as remiss in this particular.*"

This complaint is a disgrace to the profession in our State. Physicians are supposed to appreciate the importance of these statistics, and, indeed, it is through their influence that a law exists requiring them to be made. Physicians, it seems, have not been subject to fine for neglect of the duty, and the Secretary recommends that they too be laid under penalty in case of neglect. Indeed, we think those physicians who neglect so important a duty should be fined double the amount required of others! *

Marriages in the Several Counties, with Population of each County by Census of 1850.

COUNTIES.	Number.	Population of Counties.	REMARKS. Townships from which no marriage returns have been received.
Atlantic	31	8,964	Weymouth.
Bergen	58	14,708	Saddle River, Washington.
Burlington	215	43,204	Mansfield, Willingborough, Washington.
Camden	165	25,569	Gloucester.
Cape May	30	6,432	Lower.
Cumberland	89	17,003	Hopewell, Deerfield.
Essex	483	73,995	
Gloucester	80	14,653	
Hudson	12	21,874	Bergen, North Bergen, Hoboken.
Hunterdon	186	29,064	West Amwell, Clinton.
Mercer	392	27,991	Ewing.
Middlesex	146	28,671	North Brunswick.
Monmouth	136	30,234	Shrewsbury, Atlantic, Marlborough.
Morris	213	30,173	
Ocean	69	10,043	Jackson.
Passaic	126	22,577	
Salem	52	19,500	Salem, Mannington, Lower Alloway's Creek, Pittsgrove.
Somerset	136	19,668	
Sussex	123	22,990	Montague, Newton, Green, Byram, Sparta.
Warren	115	22,390	
Total in State	2857	489,703	

Births in the Several Counties.

COUNTIES.	SEX.		OCCUPATION OF FATHER.								
	Male.	Female.	Farmer.	Manufacturer.	Mechanic.	Laborer.	Merchant.	Professional.	Occupation not reported.	Total.	Sex not reported.
Atlantic	87	107	51		46	86	6	3	2	194	
Bergen	97	98	56	3	62	55	6	7	6	195	
Burlington	612	608	203	16	370	361	45	43	192	1230	10
Camden	370	319	63	6	225	148	34	43	170	689	
Cape May	74	78	42	3	23	76	9	4	2	159	7
Cumberland	315	313	174	4	165	244	22	14	21	644	16
Essex	1190	998	145	40	603	197	65	39	1304	2393	205
Gloucester	177	161	138	1	101	113	8	7	8	376	38
Hudson	53	38	2		34	21	15	5	14	91	
Hunterdon	334	340	263	13	167	145	55	16	15	674	
Mercer	368	348	123	12	289	206	48	25	19	722	6
Middlesex	274	262	159	11	150	144	25	23	24	536	
Monmouth	316	303	252	7	124	188	24	15	9	619	
Morris	265	302	119	37	181	139	25	19	47	567	
Ocean	134	136	49	6	53	143	7	3	9	270	
Passaic	217	190	69	10	224	45	20	13	26	407	
Salem	160	184	145	5	58	107	12	4	13	344	
Somerset	181	199	187	13	108	61	30	12	14	425	45
Sussex	285	243	246	8	115	125	16	12	6	528	
Warren	417	379	239	17	206	266	36	18	16	798	2
	5926	5606	2725	212	3304	2870	508	325	1917	11,861	329

Males, 5926; females, 5606; sex not reported, 329; total births, 11,861.

Deaths in the Several Counties.

COUNTIES.	CAUSES OF DEATH, AND NUMBER FROM EACH CAUSE.																								Causes not reported.	Total.
	Consumption.	Dysentery.	Casualty.	Typhus fever.	Bilious fever.	Scarlet fever.	Smallpox.	Inflammation of the lungs.	Inflammation of the bowels.	Inflammation of the brain.	Childbed.	Cholera infantum.	Hooping-cough.	Croup.	Erysipelas.	Liver-complaint.	Old age.	Convulsions.	Dropsy.	Paralysis.	Bronchitis.	Apoplexy.	Putrid sore-throat.	All others.		
Atlantic	15	23	4	1	1	2					1			2			4	1	2					12	24	92
Bergen	14	6	3	2		3		1	3	2	2	1	2	2	2		1		8	2		5		18	11	88
Burlington	94	38	21	6	9	9	4	2	7	9	7	8	9	18	4	3	26	12	16	13	1	4	18	94	145	577
Camden	42	18	7	4	4	7	1		4	6	1	2	2	8	1		6	5	8	2		2		47	65	242
Cape May	10	8	5	1	1			1		2	1						2	2	2	1				11	13	60
Cumberland	43	14	3	5	3	1		5		1			8	6	2	1	19	8	12	2		1		60	83	277
Essex	178	57	26	10	7	47	5	43	29	20	15	2	6	35	10	1	34	45	50	11		15	2	196	121	965
Gloucester	27	60	6	1	7	5		1		2	3			3	1	2	9	7	7	4				39	37	220
Hudson	11	6	3		1	4	2	2			1		4						1					11	9	55
Hunterdon	32	7	5	3				4	4	3	2		4	2	1		10	4	5	3		2		40	39	170
Mercer	29	16	6			9	3		3	1			1		7		6	6	4	3	1			20	43	158
Middlesex	63	21	10	5	1	2		4	3	9		4	12	3	5		17	11	10	11	3	1	1	82	79	357
Monmouth	50	25	11	2		1		7	1	3	1	2	4	6		2	12	12	13	4		2		53	54	265
Morris	41	14	7	3	3	3	4	6	3	5	3	4	3	6	2		21	11	14	7		4		64	37	265
Ocean	15	8	6			6		1						2	1		4	5	3	1		1	2	13	42	110
Passaic	48	23	12	2	2	46	3	5	3	5	3	1	2	6	2	2	8	2	8	3		5		66	77	334
Salem	7	7	4	2	1			1	3	2	1		1	2	8		2			4	1		1	35	27	109
Somerset	35	11	8	8	1			7	10	2	3	6	2	7	5	1	15	9	5	2	5	1		22	68	233
Sussex	25	12	4	5	2	7		8	5	8	3			5	1	1	12	4	5	3				53	49	209
Warren	53	9	10			5		7	3	3	3		8	10	5	1	15	12	15	6		1		94	43	303
	832	383	161	57	43	157	22	105	81	83	50	30	68	123	57	14	223	156	188	82	11	44	24	1030	1066	5089

Deaths in the Several Counties.

COUNTIES.	AGES.											Ages not reported.	Total.
	Under 5.	5 and under 10.	10 and under 20.	20 and under 30.	30 and under 40.	40 and under 50.	50 and under 60.	60 and under 70.	70 and under 80.	80 and under 90.	90 and under 100.	Over 100.		
Atlantic . . .	36	3	3	6	5	5	6	7	5	3			13	92
Bergen . . .	26	8	8	5	6	4	5	4	7	4	2		9	88
Burlington . .	225	26	34	37	38	34	22	28	33	15	1		84	577
Camden . . .	98	11	14	24	14	19	13	17	6	3			23	242
Cape May . .	25	3	3	3	2	5	1	10	6	2				60
Cumberland . .	96	7	8	15	17	17	17	11	16	14		1	58	277
Essex	454	59	48	73	64	70	61	43	43	28	3		19	965
Gloucester . .	98	13	13	15	15	8	11	10	13	9	3		12	220
Hudson . . .	35	5	1	3	4	3	2	1					1	55
Hunterdon . .	48	6	9	25	14	11	10	12	12	11	1		11	170
Mercer . . .	55	10	13	5	10	12	8	4	11	8	2		20	158
Middlesex . .	138	7	15	26	28	21	25	32	20	19	6		20	357
Monmouth . .	95	8	13	27	19	12	17	13	21	7	3	1	29	265
Morris . . .	92	3	18	27	19	14	16	13	21	20	8		14	265
Ocean	26	11	4	9	9	10	7	2	8	8			16	110
Passaic . . .	133	30	19	24	26	21	18	18	8	3	1		33	334
Salem	47	2	5	14	5	5	11	9	6				5	109
Somerset . . .	79	10	14	21	18	8	8	15	16	15	1		28	233
Sussex . . .	89	11	13	21	10	13	8	9	11	8	1		15	209
Warren . . .	120	19	15	23	18	19	24	18	27	13	3		4	303
	2015	252	270	403	341	311	280	276	290	190	35	2	414	5089

Description of a New Instrument for the Treatment of Prolapsus Uteri. By JOHN JONES, Esq., of Derby.—It consists—1, of a belt with two pads, to support the abdominal parietes; 2, a bandage with one pad, to support the vulva and perineum.

The belt, four inches and a half broad, is made of strong holland, lined with wash leather, and padded with horsehair. Two pads, united by a strip of vulcanized India-rubber, one inch and a half broad, and three inches and a quarter long, are placed between the end of the belt and a leather strap, which buckles on one side. The belt is strengthened by five sticks of whalebone placed obliquely at equal distances of about four inches. The pads, three inches and a half in diameter, consists of two convex circular plates of tin, the inner rather smaller than the outer one, made to act upon each other by an interposed spiral spring. The whole is padded with horsehair and covered with mackintosh. In the centre of the outer plate of each pad is a button for the attachment of the perineal bandage. A laced gusset is formed on each side of the belt, for its easy adaptation to the hips; and loops of tape are placed at the top, to attach it to a waistcoat, which, however, is seldom required.

The perineal bandage consists of an anterior and posterior flap, united by

a strip of vulcanized India-rubber, one inch and a half long and half an inch broad. Within the anterior flap is a pad four inches long, stuffed with horsehair, and covered with mackintosh, intended to support the vulva and perineum. Each flap, four inches broad at the top, has six button-holes, in two rows, one above the other, corresponding with buttons on the belt; these give considerable scope for the lengthening or shortening of the perineal bandage. The flaps are made gradually to become narrower, to be joined to the interposed strip of India-rubber.

The resiliency produced by the horsehair stuffing, and the elasticity afforded by the India-rubber, render the belt easy to wear, and efficient in its application.—*Prov. Med. and Surg. Journal.*

On the Use of Creosote in Diarrhœa. By T. M. Woodson, M. D., of Sumner County, Tenn.—In the *American Journal of the Medical Sciences* for July, 1851, is a notice of the use of *creosote* in diarrhœa, by Mr. Kestevan, whose testimony in its favor is very strong. He states, in fact, that in his hands the remedy has never failed, and that generally he found a single dose sufficient. His dose was from one to five minims. Reading the statement of Mr. Kestevan at a season when diarrhœa was rife, I determined to give the remedy a trial. The first case in which I administered it occurred about the first of August. The subject was a negro woman aged thirty-five years, who had been affected for two weeks before medical advice was solicited. I at first prescribed opium and tannin, but as they afforded only temporary relief, I was requested to visit her on the 4th of August. I found her in the following condition: Pulse not unnatural, and skin rather cool and moist; tongue coated with a white fur; patient complains of severe pain in the abdomen, which is increased by pressure; has from twelve to twenty serous evacuations daily, and is much prostrated. I prescribed creosote, one drop every four hours, in combination with camphorated tincture of opium and aromatic spirits of ammonia.

Aug. 5th. Patient much improved this morning; bowels were moved but twice after the first dose of the medicine—has taken two doses. She continued to improve, and soon recovered.

Case II. A female child, aged fourteen months, was taken with diarrhœa on the 11th of August. Vomiting also attended. I saw the case the following morning, and found the child laboring under some fever, with great derangement of the stomach and bowels. Prescribed calomel and Dover's powder, which were to be repeated every two hours. I was called at midnight again, and found the symptoms rather aggravated than improved. I at once administered creosote, half a drop, with tinct. opii camph. and spirits ammon. aromat., and repeated every three hours. The patient was relieved of its distressing nausea and diarrhœa before morning, and had a prompt recovery.

Case III. A little boy, aged five years, was seized, on the 11th of August, with symptoms similar to those presented by the last case. Without any preliminary measures, I ordered in this case the creosote combined as before, beginning with half a drop and increasing it to a drop at a dose. In ten hours the disorder was checked, and the patient was soon as well as ever.

Case IV. J. D. C., aged fifteen years, had labored under diarrhœa for three weeks, when he applied for medical advice. He was at that time much debilitated, and his complaint appeared to be progressive. I prescribed the creosote mixture, every four hours, directing the creosote to be increased after a few doses to two drops. Soon after taking the first dose he had two evacuations in quick succession, but the diarrhœa then ceased, *and in a few hours* he was comfortable.

Case V. L. H., aged fifty years, has been for many years subject to diar-

rhœa every summer. He has from eight to ten evacuations daily, and has become much debilitated. He was promptly relieved by the creosote mixture, and always found relief from it when the symptoms returned during the hot season.

Case VI. Miss C., aged nineteen years, has been subject to diarrhœa just before her catamenial periods. It is profuse and exhausting, continuing generally for about ten days. The most prompt relief was derived from the creosote.

I have used this article in more than twenty cases of diarrhœa with similar results, but it would be tedious to recite others. I have found it much more prompt and invariable in its action than any other remedy to which I have ever resorted in this complaint, and, although it is described by writers on materia medica as an irritant and narcotic, I do not hesitate to administer it where fever and dysenteric symptoms are present. It is superior to opiates in that it does not leave the bowels constipated. It excites no nausea, nor any other unpleasant symptom. Its action seems to be stimulant and antispasmodic, allaying pain very promptly, and imparting to the patient an agreeable sense of warmth in the stomach and bowels. Whether it acts directly as an astringent, or, as suggested by Mr. Kestevan, by coagulating the albuminous fluids of the alimentary canal, I do not pretend to decide. But of its efficiency in bowel-complaints I think there can be no question, and in such cases it is confidently recommended.—*Western Journal of Medicine and Surgery.*

Case of a Large Subcutaneous Nævus cured by Vaccination. By John Woolcott, Esq., M. R. C. S., Surgeon to the Kent Ophthalmic Hospital.—A lady brought to me her infant, a healthy-looking child, nine weeks old, in January, 1848, with an extensive subcutaneous nævus which had existed from birth. The tumor, which was of a blue, livid color, occupied the whole of the upper eyelid and a small portion of the root of the nose on the right side, and extended upwards upon the brow and forehead as high as the upper border of the orbicularis palpebrarum muscle; outwards and downwards it reached nearly to the tragus of the right ear, and then extended upwards and inwards along the lower margin of the zygomatic process of the temporal bone to the external angle of the orbit, where it joined the morbid product at the upper eyelid; there was no pulsation in the tumor; it was soft and compressible, and increased greatly when the child cried, and it then assumed a dark purple color; pressure on the temporal arteries did not diminish its bulk. The application of ligatures in this case was of course inadmissible, on account of the deformity which would arise from cicatrization of the wound causing ectropium. The treatment for the first month consisted in the application of tincture of iodine; the abnormal growth being freely punctured all over with a fine cataract needle, and the iodine applied over the punctures. The bleeding was considerable, and of arterial character, but it soon subsided on the application of the iodine. These punctures were made twice a week, but the iodine applied daily, except when it caused too great irritation and soreness of the skin, when it was discontinued for a day or two, and then resumed. At the end of the month, the disease remaining undiminished, I altered the treatment and applied vaccine lymph: with a lancet armed with the matter, punctures were made at short intervals all around the circumference of the tumor, and several points in the centre of it; to insure its taking, I inserted into each puncture a bone-point, also well armed with vaccine lymph; most of these punctures took, and the irritation they caused was considerable, the child's face and head being swollen enormously. This was attended with fever and much constitutional disturbance, but at the end of a fortnight it had somewhat abated, and at the end of a month the disease was

evidently decreasing; and at the expiration of six months from the vaccine lymph having been used, not the least swelling existed, and the skin was assuming its natural color. I saw the child the beginning of January, 1852, and not a vestige of the morbid structure remains; and it was only by looking closely for the vaccination scars, that I could tell on which side the nævus had been. I have treated several cases in the same way at the Kent Ophthalmic Hospital, and have succeeded in arresting their growth, but I have never seen so large an erectile tumor cured by this treatment, nor can I remember to have read of any such case. The color of this vascular tumor was venous, the bleeding was arterial.—*N. W. Med. and Surg. Journ.*, from *London Lancet.*

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Ligature of the Carotid Artery in Epilepsy—By C. Morrogh, M. D., of New Brunswick, New Jersey.

William Williamson, of Six Mile Run, aged 24 years, has been subject to epileptic seizures for about eight or nine years. Patient is well formed, about six feet in height, of robust appearance, regular habits, and good intellect; not married; parents and family all healthy.

For the period above stated, patient has suffered at irregular intervals, from a dull, throbbing pain over the surface of the cranium, attended with congestion of the conjunctiva and throbbing of the temporal arteries. The headache commences at all hours, without reference to time; it lasts from fifteen minutes to as many hours, increasing in severity till it becomes almost insupportable, when the patient loses his consciousness, and the usual phenomena of epilepsy supervene. He has never received any serious injury on the head or elsewhere; has no syphilitic taint; tongue is clean and natural, digestion good; no symptoms of entozoa; no tumor or morbid growth to be discovered; no fever; pulse 72, and otherwise natural. There is no aura epileptica, though patient can generally fortell the approach of a fit by the intensity of the headache. Since the commencement of his disease, the paroxysms have continued to increase in frequency and severity.

At the present time he experiences several attacks every day, and he describes his sufferings from headache as extreme. Of the etiology of my patient's disease I am profoundly ignorant.

Treatment.—Heretofore patient has been subjected to almost every conceivable system of treatment; he has consulted innumerable medical men both in the surrounding country and in the large cities. According to his own relation, he has been freely bled, both generally and locally. Gentle and free purging have been produced by all kinds of cathartics. He has at different times been placed under the influence of mercury and its chlorides, various forms of counter-irritants, different salts of silver, iron, copper, lead, zinc, arsenic, and iodine, antispasmodics and stimulants, digitalis, hyoscyamus, strychnine, turpentine, and drugs without number, and has resorted to Indian doctors, homœopathy, hydropathy, and magic.

Seeing nothing more to do for my patient, I proposed to him the expedient of ligating one of the common carotids. I told him how uncertain the remedy was, and rather exaggerated its danger, but he grasped at the proposition with avidity, and immediately took lodgings in the vicinity of my residence, so that I might the better attend to him.

The operation was performed Feb. 23, 1849, in the usual manner, in presence of Drs. Woodhull and Skillman, of this city, and Dr. Gayle, of Sommerville. The right carotid artery was secured above the upper margin of the omo-hyoideus. The distress on the same side of the head was at once relieved.

March 9, fifteen days after operation.—Ligature came away to-day. *Wound doing* well; patient feels much better; right side of head is free

from any pain; and right conjunctiva is clear and free from distended blood-vessels; there has remained, however, on left side some pain and congestion of conjunctiva; the arteries also on this side continue to beat stronger than natural, though not so much as before the operation. He has had two slight fits.

March 15.—Wound is entirely healed. Patient much better. He leaves for home to-day.

October 23, *seven months after operation.*—Patient has had no attack since the separation of ligature till the other day, when he had a mild one. The distress on left side of head increases.

Dec. 25, *ten months after operation.*—Patient has experienced one more paroxysm of epilepsy, which has been rather severe. Distress in head increases.

Feb. 1852, *three years after operation.*—Since the last date, patient has grown worse; the distress has gradually returned to right side. He is now as bad as ever; his memory fails, and the inroads of the disease on his mental faculties become more and more apparent. I have no remarks to offer on this case but what I think will suggest themselves to your mind.

The evident hyperæmia of the head pointed to this mode of treatment as one which might afford relief.

The local disturbance in the circulation is caused, I take for granted, by a diminished flow through the capillaries, and not by any increased *vis à tergo;* but as I could not divine what was the cause of the capillary obstruction, or how far it was connected with the other morbid symptoms, I confess I was more influenced by hope than confidence in this remedy.

Another consideration tended to dampen my ardor, viz., by cutting off the supply of blood through the carotid, it could only affect the investing membranes of the encephalon, the anastomosing branches at the base of the brain being quite sufficient to supply any demand which could occur in the cerebral mass itself.—*N. Y. Journal of Medicine.*

Successful Exhibition of Subnitrate of Bismuth in Acute Gastritis. By H. Singleton Belt, M. D.—On the 15th day of February, 1852, I was called to visit a patient, a little girl three or four years of age, and found her laboring under some febrile excitement, hurried respiration, complete anorexia, the tongue coated with a whitish mucus, and a slight cough. The patient having recently recovered from an attack of scarlatina, I regarded her indisposition as one of the numerous sequelæ which supervene upon that disease, and prescribed for her accordingly. Requesting to be again called on if the child was not relieved in a short time, I left her. On the morning of the 17th, I visited her again at the request of her father, and found the symptoms above enumerated greatly increased in severity—the countenance wearing the appearance of pain and anxiety; soreness and pain on pressure of the epigastrium and great irritability of the stomach, the child having vomited several times during the previous day—all the nourishment taken being ejected in a short time, mixed with eruginous bile, the tongue still coated with a whitish or yellowish-white fur in the middle and posterior part, through which red papillæ were visible, and its tip and edges red; pulse quick, small, and corded; respiration shorter and more hurried, with a dry cough of a paroxysmal character; the bowels disposed to constipation. In short, the symptoms indicated acute or subacute inflammation of the stomach, and from the increased prostration of the patient, and other symptoms indicating that the intestines were involved, I was disposed to regard it rather a case of gastro-enteritis than simple gastritis. Whether it was an idiopathic disease or to be referred to the attack of scarlatina under which the patient labored some four weeks previous, I am unable to say, nor does it affect materially the object I have in view.

I prescribed the treatment customary in such cases, and it was persevered in, varying it as the symptoms required, for some days, without the slightest improvement, the symptoms becoming even more distressing, when it was suspended for a short time and again resumed.

On account of the refractory disposition of the little sufferer, I could not ascertain the condition of the tongue or pulse as correctly as I wished; the former became drier and redder, and the latter more thready and irregular. At this crisis the sympathy between the lungs and stomach was greatly increased, the cough much more distressing, with decided pneumonic symptoms. The child suffered from dysphagia, and complained of the presence of a foreign body compressing the lower part of the chest, the distressing nausea and irritability of the stomach were subdued by the exhibition of minute doses of calomel and camphorated emplasma to the epigastric region; but the patient could not be induced to take a particle even of the blandest nourishment, and did not after the second day of its sickness until the morning of the 15th day.

Finding the usual remedies wholly inadequate to the cure of the disease, and knowing that the patient could survive but a short time without a favorable change, I determined, on the thirteenth day from the time I was called in, to change the treatment. I accordingly gave the subnitrate of bismuth in 3 grain doses every three hours. The effect produced was not less speedy than beneficial. Before the third dose was administered there was a decided abatement of the severity of the disease. The treatment was continued the next day with the same success, and on the following morning the child was able to take and retain upon the stomach a small quantity of nutritious liquid. The improvement, though slow, was decided, and with little or no other treatment the patient is now entirely restored. I have used this remedy before in cardialgia and other chronic diseases of the stomach with great advantage, but never before gave it in any acute gastric disease. Its beneficial effect in the above case was so obvious and so decided, that I felt it my duty to call the attention of the profession to it as a remedial agent in this most distressing malady. I am aware that the successful result of a *single* case is not sufficient evidence to establish its utility as a therapeutic agent in all such cases, but I hope it may prove of some service to my medical brethren.—*Stethoscope.*

HYDRARGYRI IODIDUM RUBRUM.

NEW YORK, *Feb.* 10, 1852.

Editor of the American Journal of Pharmacy:—

Sir:—Under the article Hydrargyri Biniodidum, the U. S. Dispensatory gives as the dose 1-16th of a grain, gradually increased to grain 1-4th.

Under the same head, Christison's work, edited by Dr. Griffith, ed. 1848, gives the dose from gr. i. to gr. iv.

Has this great discrepancy been before detected, and the error corrected?

STUDENT.

[NOTE.—The profession will be obliged by the above hint. We had not observed the error before. Since communicating the fact to the Publishers, Messrs. Blanchard & Lea, they have informed us that the error has been corrected in the unsold portion of the edition. All who have the American edition of Christison should make the correction with pen at once, and all Medical Journals should notice it.—ED. AM. JOURN. PHARM.]

THE

NEW JERSEY MEDICAL REPORTER.

VOL. V. EIGHTH MONTH (AUGUST), 1852. No. 11.

Passage of a Large Biliary Calculus from the Bowels. Case, and Post-mortem Appearances. By LEWIS CONDICT, M. D.

WILLIAM C. MULLIGAN, Esq., æt. fifty-seven; dark hair and complexion, of spare form and sedentary habits, has generally enjoyed good but not robust health; some three years since was the subject of partial hemiplegia, from which he recovered without any injury to his health or faculties; has not required or been in the habit of using purgative medicines.

November 13, 1837. Was last night attacked, after some exposure to evening air, with obstinate vomiting, which has not been controlled by the domestic means resorted to. It is repeated at short intervals. The matter ejected is copious, of a dark green color. Bowels constipated, not unduly sensible to pressure. Tongue slightly furred; thirst moderate.

Ordered hydrarg. submur. gr. xv. 3a quaq. hor., alternating with inf. sennæ c. mag. sulph. Sinapism to epigastrium.

4 P. M. Has rejected some of the cathartic medicine; vomits less frequently. Pressure in the left iliac region elicits pain in a circumscribed space. Pulse more free.

Applic. hirud. xxiv. parti dolenti.

10 P. M. Local tenderness relieved; no dejection. Cont. medicam.

14*th*. 8 A. M. Has slept at intervals; thirst increased; no evacuation; renewed tenderness of left iliac region extending across to the right; pulse tranquil; heat of skin natural.

Rept. hirud. xxiv. Emollient enemata occasionally.

10 P. M. Same state; tenderness relieved; stomach relieved.

Directed a suppository of opium. (*Quere*, Why?)

15*th*. 8 A. M. No impression from remedies; diffused tenderness of abdomen; strength failing.

℞.—Hyd. submur. ʒss;
Pulv. opii gr. iii;
Gum camphor gr. xii. M.
Ft. pulv. vi. quarum. sumat. unam. 3a quaq. hora.

Applic. abdom. emp. vesicat. amplum.; adhib. enem. c. oleo terebinth. p. r. n.

10 P. M. Enemata returned unchanged. Suppository of opium. Cont. medic.

16*th*. 8 A. M. No dejection; strength diminished; hiccough; voice but a whisper; surface clammy: pulse small and frequent; extremities inclined to be cold.

Carb. ammonia and other stimulants; warmth to surface.

10 P. M. Pulse raised; warmth of surface natural. Has had an evacuation from the bowels of a small quantity of dark brown matter followed by two others of the same character.

Omit medicine. Nourishment.

17*th*. 8 A. M. In the course of the night he had several passages. The matter, now, a bright yellow. During one of the evacuations he felt a great resistance, and was conscious of passing a hard substance. Upon examining the matter discharged, a concretion of a pyriform shape was found, the dimensions of which are given below.

During the day he was tranquil, sleeping at intervals. By the aid of the catheter half a pint of urine was discharged, the first voided since the attack.

18*th*. 8 A. M. Is very feeble; countenance dusky; adnata injected; inclined to coma; not easily aroused; apprehension difficult; coma increased during the day. At evening, respiration stertorous; insensible to objects around. Expired a little past midnight.

Dissection.—*Head.* Pia mater slightly increased in vascularity. The ventricles contained from one to two ounces of serum. The substance of the brain was carefully examined with a view to find some trace of the hemiplegia, but nothing was discovered. Condition strictly normal.

Abdomen being opened, intestines were moderately distended

with flatus. Peritoneal coat in portions moderately injected. Mucous coat examined throughout; appeared normal. In the stomach the mucous membrane exhibited a mottled aspect in its pyloric half, with high vascularity; the rest natural. *Liver*, normal. *Gall-bladder* closely attached by old adhesions to corresponding surface of duodenum. In substance, thickened to one-third of an inch. Cavity contracted. Ductus com. choledochus obliterated. An opening existed between the cavity of the gall-bladder and the duodenum, of a circular form and smooth edges, of size to admit the forefinger. This was evidently not a dilatation of the natural canal, but a direct morbid opening. *Other viscera*, normal. The early symptoms of this case, and the entire inefficacy of all cathartic measures made it probable that there existed an intussusception of some portion of the intestines. The discharge of a concretion brought to light a new element of the disease. It was still matter of doubt where had been the seat of this calculus. The pain which had been felt in the left iliac region made it probable that its nidus had been in some of the cells of the colon, near the sigmoid flexure. The dissection clears up all doubt on the subject, and points to the gall-bladder as the nidus where the calculus had formed and remained until some cause dislodged it, and gave rise to the train of symptoms which resulted in the destruction of life. The calculus is pyriform, corresponding to the shape of the gall-bladder; its surface upon the larger curve regular and smooth; near the neck it is rough. A section made in the direction of its axis shows it to consist of striæ superposed of different colors and thickness. The nucleus is homogenous resin of bile. The substance has the consistence of resin, and burns with the odor of amber.

Dimensions—Length, one and a quarter inches. *Circumference*, three inches. *Weight*, ℥ss ℥ss.

Attended by Drs. *Cock*, *Bliss*, and *Ferris*.

Morristown, N. J., *June* 28, 1852.

Observations on the Organization of the American Medical Association. By THOS. H. YARDLEY, M. D., Consulting Physician to the Lying-in Department of the Northern Dispensary.

I THINK it cannot be possible, as is stated in the last number of the *Reporter*, and is intimated elsewhere, that the American Medical Association, at its late meeting in Richmond, disposed of two propositions for altering the Constitution, by referring them to a committee, and that the propositions of that committee are the only ones now before the Association.

The Constitution (Article VI.) provides, that no amendment or alteration of any article, shall be acted on, "except at the annual meeting next subsequent to that at which such amendments or alterations may have been proposed." The Association had a right to do what they thought proper with the *reports* of the Committee, but the propositions for altering the Constitution appended to them were *not intended* for their action; they were submitted with the desire and expectation that they would lie on the table until the next annual meeting, as the Constitution requires; and I trust the friends of those propositions will insist on having them called up at the proper time.

It is a singular misnomer to call the report of that committee a *compromise* report. A compromise implies mutual concessions; but this committee, instead of conceding something from each class of propositions, have disregarded both, and introduced new propositions, perpetuating all the defects of the present Constitution. Of this manner of *compromising*, I think we both have cause to complain.

The report of Dr. Hays is very elaborate; it covers the whole ground, and places the subject in its true light. It was entirely satisfactory to the committee, except that part in which he advocates "a restricted representation from medical colleges, subject to certain conditions."

A portion of the committee could not see the propriety of giving to the professors the additional privilege of being represented from their schools, when they enjoy in their local societies the same rights as the brethren of the profession: and in Phila-

delphia, at least, they have no cause to complain, for care has been taken to appoint as delegates some of the professors from all the approved medical schools; and for the last two years three of the professors of the University of Pennsylvania have been thus annually delegated. If professors insist on their superiority, and claim a representation in consequence of being professors, in addition to their representation as physicians, it is feared that a majority of the profession will refuse to send them from the local societies, and we shall thus lose, in our annual assemblies, the personal experience and the moral and professional influence of many eminent professors; and those who go from the schools will be less influential, in consequence of the jealousy with which they will be regarded.

If the schools have any interests or objects separate and distinct from those for which this Association was instituted, let them call a convention, and establish an Association of professors, as was proposed at Charleston, by Dr. Jones, of North Carolina; but if their aim is, as ours, "the advancement of knowledge on all subjects connected with the healing art; the elevation of the character, and the protection of the proper rights and interests, of those engaged in the practice of medicine," and this special privilege is claimed on account of their superior ability and attainments, let us establish an upper house, a senate chamber, where they can examine and correct the proceedings of the laymen before they are published to the world.

We also believed that it would be an exceedingly delicate and difficult task, and one not likely to be fairly accomplished, to decide what schools *actually comply* with the conditions that are to entitle them to a representation in the Association: it is one thing to *publish* those conditions as their regulations, and another to *adhere* to them.

We further believed that we could exert a much more salutary control over the schools, by creating a healthy public and professional opinion on the subject of medical education, and by instituting a rigid censorship over them in county medical societies. No school could long exist, no matter whether recognized by the Association or not, if its course was not sustained by public opinion, so that its graduates would find its diploma a passport

to the regular ranks and full honors of the profession: and if the public does sustain it, and the profession acknowledges its graduates, it will scorn the action of the Association.

These being our views, and being supported in them by the unanswerable arguments in Dr. Jackson's address, which was approved and published by the Philadelphia County Medical Society; by several medical journals, particularly the *New Jersey Medical Reporter;* by numerous private letters, and by the approving resolutions of several medical societies; we felt it our duty to present for the consideration of the Association, such a plan of organization as would abolish all special privileges, establish the brotherhood of the profession, and make our annual meetings a purely republican representative body. This would no doubt be satisfactory to a majority of the profession, and would not soon require alteration, and it is folly to say, as some do, that this is the proper plan, but *now* is not the proper time to adopt it. The longer errors are indulged in, the more difficult are they to remove.

In presenting these proposed alterations in the Constitution, we briefly adverted to the reasons which induced us to dissent from the chairman on this subject, and *expressly stated* that we cordially united with him in the rest of his report. It was our intention to ask, at the next meeting, that our propositions may be considered first, and if the Association is not prepared to adopt them, we will cordially support the alterations proposed by Dr. Hays; for, objectionable as we deem the granting of special privileges to professors, we consider it much more tolerable than the present practice, which is perpetuated in the propositions of the so-called compromise committee, of permitting every physician who resides in a city, where medical societies are numerous, and may be multiplied indefinitely, to attach himself to as many as he pleases, and be represented in all. If this plan is continued, it is easy to predict the downfall of the Association; for no institution, professing to be national, can long exist in this country, unless it conforms to the republican predilections of our people. Venerable and estimable physicians from rural districts and small towns, will not countenance an Association which gives to every *unfledged city doctor* five times as many votes as they

have. The Great National Medical Association, which, if properly organized, might be productive of incalculable good, will then dwindle into a mere gathering of professors and city doctors, each contending for his own interests.

I have felt it my duty to throw out the above observations for the consideration of the profession, at the risk of being censured for "attempting to manufacture public opinion." I do hope that the subject will be thoroughly discussed in the medical journals and medical societies of the country, so that every physician who attends the next meeting of the Association, may be fully enlightened and prepared to vote understandingly on the subject, that we may have a Constitution which will be satisfactory to all.

PHILADELPHIA, *July* 15, 1852.

On the Use of Strychnine as a Tonic. By the EDITOR.

I PROPOSE to offer a few remarks on the use of strychnine as a tonic, which have resulted from a series of observations made during the treatment of a variety of diseases, in which it has been employed where other tonic remedies have failed to produce the desired effect. That it has tonic properties, writers on Materia Medica, both at home and abroad, clearly assert; that its action as a tonic is peculiar, is shown by experience; and that this peculiar action renders it admirably adapted to some forms of disease, in which it has formerly been overlooked, I think may be shown. An English gentleman came under my care some two years since, with an affection of the neck of the bladder, accompanied by enlarged prostate gland, producing very painful micturition, and other distressing symptoms, which so wearied the nervous system of the patient, and affected his spirits, that he sought relief in travelling from his native land; and among other places, where he took up a temporary abode in our country, was this city. He had been here but a few hours before I was requested to visit him. Among the several eminent physicians and surgeons of Europe, who had attended him, were Sir Astley

Cooper, Benjamin Brodie, and Liston. He was suffering much at the time, with a spasmodic action of the neck of the bladder, and retention of urine. The intelligence of my patient in medical matters surprised and interested me not a little, and, after administering what aid I could by means of anodynes, fomentations to the perineum, &c., he gave me a history of his sufferings for many years past. He said, nothing had afforded so much relief as strychnine; it was first given to him by Sir B. Brodie, who used it with reference to its controlling the spasm, but he had found a good tonic impression to be made upon his general system by its cautious use for a long time, though the great enlargement of the prostate had prevented a permanent cure of his renal disease. He went away no better, determining to travel through our wide domain, till he found a resting-place where climate, &c. seemed most to favor him. But though my patient was none the better, perhaps, for his acquaintance with me, I felt myself benefited by my intercourse with him and his case. I saw in him a man past the meridian of life, suffering almost hourly, for long years together, the tortures of a disease which had resisted the skill of the distinguished men already named, and a number of others, both in Europe and America, enabled to oppose its ravages upon his constitution to a certain extent, by the use of a remedy which but comparatively few physicians employ, excepting in cases of palsy, in some of its many varieties.

Strychnia, as a tonic, seemed more reliable than ever, and I determined to try it when opportunities offered. The following is a description of a few cases in which it has been used:—

Case I.—A married lady, tall, slender, aged forty-four, never had a child; for fifteen years had suffered from a leucorrhœal discharge, between her catamenial periods, which had reduced her strength, dejected her spirits, and impaired her general health. For a few years before she called on me for aid, she had been subject to nocturnal spasms of a peculiar nature. She slept easily, but in the course of her slumbers would frequently awake her husband by oppressed and rapid breathing, attended by heavy groans, as if in the agonies of death. He would raise

her head, speak to her quickly, and she would recover. She seldom had more than one attack the same night, but they came on several times a week. Sometimes they would occur during sleep in the day, but never while awake. There was a constant dilatation of the pupil, though it did not refuse to contract on the application of the proper stimulus. The heart was frequently the seat of distressing pain, palpitation, &c., which gave rise to frequent returns of mental dejection, on account of supposed cardiac disease. I never saw her during an attack. When she came under my care the foregoing history was stated to me, and from the position and intelligence of the parties, their statement was to be strictly relied on. A tonic course of treatment seemed to be indicated. I commenced with ferruginous pills, salt bathing, moderate exercise, generous diet, &c., and continued it for a few months without much improvement, though her strength seemed to increase. Considering the case one in which the nervous system had lost its controlling power over the general economy, and that, by long-continued irritability, it failed even to execute properly what power it retained, I attempted by endermic means to relieve internal congestions, if such should exist; increasing at the same time the capillary circulation; hoping that, with a more perfect distribution of the blood, the various visceral functions would be improved, and the nervous force more regularly supplied. The pupils of the eyes being dilated, blisters were applied behind the ears, and spirits of ammonia to the temples, so as to sustain a continued counter-irritation for several weeks together. Sinapisms were frequently applied over the cardiac region, without much relief to the local symptoms, and were succeeded by a plaster of cantharides with more satisfactory results. Dry cups were applied along the course of the spine, several times a week, for two or three consecutive months, and a hot sinapized pediluvium used every night. Under this course there was still more general improvement, but being tedious and somewhat painful, it was abandoned after a patient trial. The nocturnal spasms, however, continued, though not so frequently. My patient was now put under the use of strychnine, in doses of the twentieth of a grain, three times daily. All other medicine was interdicted, except an occasional laxative pill to preserve a

regular peristaltic movement. Not three weeks after this course was commenced, the leucorrhœal flow was arrested, and a remarkable change was apparent in other respects. The convulsions became much less frequent, and have since entirely ceased. She is now well.

Case II.—A female, aged forty-five, muscular person, the mother of nine children, has had chronic leucorrhœa for several years, pains in the back and loins, loss of appetite, palpitation of the heart, and other nervous phenomena, which had worn upon her health and spirits till she became emaciated, and inadequate to any considerable effort, either of mind or body. She complained also of a tingling and benumbed sensation in the fingers, which sometimes was so bad as to disable her from dressing; the sense of touch in both hands being for the time destroyed. She was not, however, insensible to pain in these parts, when inflicted by another; had used a variety of vaginal injections, taken freely of vegetable bitters, without any apparent good result. Coming under my care, her bowels were freely evacuated, and remedies suggested for their regular movement; when she commenced the use of strychnine in doses of the twentieth of a grain, combined with a grain of extract of hyoscyamus, and repeated three times daily. This was continued for a fortnight, probably, after which the strychnine was given alone, in the same dose. In less than a month, the unhealthy secretion from the vagina subsided, the pains in the back and loins were relieved, though the palpitation of the heart did not yield so readily; but at last it became much subdued, with a positive improvement in the general health. She is still improving.

In neither of these cases did the drug produce its peculiar spastic effect in any unpleasant degree, though it was, at times, sensibly felt, when it was omitted for three or four days, and then resumed.

Case III.—A young married lady, general health good, except at the period of menstruation, when she suffered with dysmenorrhœa in a manner unusually severe. I have visited her frequently for two years past on account of this disease; and

while the treatment has been directed to the relief of the paroxysms with tolerable success, the general plan adopted to overcome the difficulty did not prove so serviceable, until strychnine was employed, in the same manner as in the preceding cases. The most decided and happy results followed its administration; she had not taken it two months before she menstruated freely, and without any pain. She has recovered entirely.

Remarks.—The history of the foregoing cases, imperfectly presented to the reader, is intended to incite the mind to inquiry. Considering the specific action of strychnine as being directed to the nervous system, and the nervous system as the great centre of power, executing through all its multiplied divisions and ramifications the controlling force which is necessary to preserve the harmony of organic life, it may well be inquired whether this remedy, though an active poison in overdoses, may not be judiciously employed in a variety of cases where a permanent tonic impression is needed. We have known it to do good in prolapsus uteri, depending upon a relaxed condition of the uterine ligaments and vaginal muscles, and it has done good by expending upon those relaxed parts its specific contractile influence. It is well known that, when given in paraphlegia, for example, its effects will first be seen in the paralyzed limb. Its peculiar office seems to be, to lay hold of those muscles which cannot act themselves, and stimulate them to normal effort. This action is, of course, produced through the nervous centres. Why, then, in cases of leucorrhœa depending upon general debility of the nervous system, may it not act in the same way, and by the same rule? Why, in cases of prolapsed uterus depending upon a relaxation of the tissues retaining it naturally *in situ*, may it not produce and sustain that kind of *tonic spasm* necessary to restore it to its position, and hold it there? How else can the fact be explained? for cases of prolapsus uteri from debility have been treated by strychnine in tonic doses, with a success which pessaries and supporters could not secure. Who will give us the result of their experience in its use under similar circumstances?

Burlington, *July*, 1852.

EDITORIAL.

Five Years Old.

With our next issue the *Reporter* will have concluded its fifth year. Shall we go on with the sixth volume? is a question which the publisher and ourself have from time to time gravely considered. Finally he, with his printer's bills and list of delinquent subscribers on the one hand, and we, with well-remembered midnight hours of toil, after the fatigue of daily practice, and not a little pecuniary responsibility, on the other, carefully adjusted the scales, and honestly tested the whole subject: as we saw the weight designated loss and labour, go down—down—down, we gathered together the old familiar volumes, as our foundation, and taking the words of the apostle, "Be sober, and hope to the end," agreed to go on, trusting that in good season we might increase the weight in the opposite scale, and bring it at least in equipoise with the other.

A word to our old friends.—Look upon the cover, and see the publisher's prospectus for Vol. VI.: read it carefully; then, if you please, hand it to your neighbor, and secure his name as a subscriber. We say his name—we mean his money, too; not to pay ourselves, but the printer, that he may pay you. We do not complain, for to you we owe our existence: you have borne with us in very infancy, and not forsaken us as we have grown in years. We pray you, remember that we are now only five years old, and ought not yet to be thrown adrift. When we can support ourselves we will cheerfully relieve you.

"Hark, how I'll bribe you.
* * * * * *
Not with fond shekels of the tested gold,
Or stones, whose rates are either rich or poor,
As fancy values them: but with true prayers,
That shall be up **at** heaven, and enter there."

If there is one thing **more** unpleasant to the high-minded, philanthropic physician than another, it is the necessity of mak-

ing out and presenting bills for services rendered. We believe that the profession almost universally feel this to be an odious part of their duty. Certain it is, we have heard physicians say that they would gladly dispense with account-books and accounts altogether, if they could. Just so we feel with regard to subscriptions due the *Reporter*. We are heartily tired of such captions as: "To subscribers"—"A word to the wise"—"Remember the printer," &c., &c.; but it *is* necessary for us to remind our readers, too frequently to be sure for good taste, that we depend on our subscription list for means to pay the printer, and with him we have a *fearful* account to settle shortly! That will be easily done, however, if subscribers will do us justice. Subscriptions to a considerable amount are now due on the present, the last, and some even on the *third* volume, and the sixth volume will also soon become due. We earnestly hope the delinquents will pay up forthwith, and gladden our hearts, and put a smile on the printer's countenance. In the next number, bills will be sent to all who are in arrears. *

Prolonged Sessions.

We are glad to see that the best medical colleges are gradually coming up to the standard recommended by the American Medical Association, in regard to the time alloted to demonstrative instruction. The acquirement of competent medical knowledge, is and of necessity must be the result of arduous toil, and considerable expense to the student, and we hold that there is no young man of spirit, with an ardent love for the profession of his choice, who cannot in some way or other, command the means to avail himself of the superior advantages offered him in our best colleges, whose courses of instruction extend to five or six months. We hope the time will soon come when our standard institutions will, without exception, come forward and fully adopt the recommendations of the American Medical Association. The following extract is from the Annual announcement of the Medical Department of Pennsylvania College.

"Respect to the recommendations of the American Medical Association and to themselves, demands that the Faculty should say a few words in

relation to the lengthened session. It is, and ever has been, their desire to furnish to the Medical profession, gentlemen well qualified to exercise the arduous and responsible duties of practitioners; this, they are satisfied, can only be done by the judicious combination of office instruction with that afforded by attendance on medical lectures. Whilst, therefore, their course extends from the beginning of October to the first of March, an amount of instruction is afforded very nearly equal to that given in a six months' course, three weeks are added to the former time of four months by the early opening of the session, and an equivalent of nearly two weeks is gained by discontinuing the usual holiday recess at Christmas. In addition to this, the examination for degrees is not commenced until the close of the session, whilst the number of daily lectures is greater than that given in most institutions which have adopted the six months' course. By this arrangement the time of the student is fully occupied, while at the same time sufficient opportunity is given for instruction in the office of a preceptor, or for the pursuit of other sources of knowledge obtainable in a large city, during the interval between the sessions."

Proceedings of Medical Societies.

Report of Meeting of Camden County Medical Society, held at Camden, June 16, 1852.—Society met at 12 M.; the President, J. S. Mulford, in the chair. Dr. A. D. Woodruff appointed Secretary, *pro tem.*

The annual address was delivered by Dr. C. D. Hendry, subject, "A Case of Fracture of the Skull," for which the thanks of the Society were unanimously tendered. The report of the Committee to ascertain the number of physicians practising in Camden County was as follows:—

Number of persons practising medicine, twenty-seven; of which, twenty-five are graduates of respectable medical colleges. Twenty-two are licentiates, leaving five who have neglected to comply with the law. Of the whole number in the county only one is a homœopathist, and one a botanist.

On motion, *Resolved*, That the delegates of this Society are hereby instructed to suggest at the next meeting of the State Medical Society, the propriety of an application to the next Legislature for such a modification of the present law, as shall enforce the registration of all marriages, births, and deaths occurring in the State.

On motion, *Resolved*, That the revised code of medical ethics, and the revised rates of charges be adopted by this Society, and that members are requested to bring to notice of the Society the misconduct of any member in not conforming to the above rules.

On motion, B. Fullerton Miles was elected a member of this Society.

Drs. J. W. Snowden, C. D. Hendry, S. Birdsell, and R. M. Cooper were elected delegates to the State Medical Society, and Drs. Bowman Hendry, and T. F. Cullen, alternates.

Drs. O. H. Taylor and E. J. Records, were elected delegates to the National Medical Association, and Dr. J. V. Schenck and C. D. Hendry, alternates.

The following officers were elected for the ensuing year: Dr. C. D. Hendry, *President.* Dr. J. W. Snowden, *Vice-President.* Dr. T. F. Cullen, *Secretary and Treasurer.*

A communication from L. L. Chapman, on "The Physical Laws of Nature's Changes," &c., was received, for which he received the thanks of the Society.

Dr. B. W. Blackwood was appointed to deliver the next annual address.

Drs. Taylor, Woodruff, and Records were appointed a Committee to report on the diseases incident to the county, at the next annual meeting of the Society.

On motion, *Resolved*, That an abstract of the Minutes be published in the *New Jersey Medical Reporter.*

On motion, adjourned.

T. F. CULLEN, *Secretary.*

EDITOR'S TABLE.

Report of the Eastern Lunatic Asylum in the City of Williamsburg, Virginia. 1851.

This is an able and interesting Report, and we would be glad, if we could, to give a *resumé* of its contents. Dr. John M. Galt, the superintendent and physician, has succeeded in recording some of the most interesting statistics and physiological observations we have seen:—

"The number of patients, who have been inmates of the Eastern Lunatic Asylum, since the 30th of September, 1850, is 238.

"Of these, 144 were males, and 94 females.

"The number of patients on the 1st of October, 1850, was 193, viz.: 115 males, and 78 females.

"Since the 30th of September, 1850, 45 have been received; 29 of these were males, and 16 females.

"The number of discharges is 21, viz.: 12 males and 9 females. 1 male patient eloped.

"The number of deaths is 23; 18 males and 5 females.

"The number of patients at present is 193, viz.: 113 males and 80 females."

L'Union Médicale de la Louisiane; Revue Mensuelle. Editeurs Redacteurs, Charles Delery, D. M. P., *et* Edouard Martin, D. M. P. Imprimerie Meridier, rue Condé 50. Nouvelle Orléans. $4 00 par an.

This interesting and valuable monthly has reached the seventh month of its existence. It should receive a hearty support, of which it seems worthy, not only from the French and Creole physicians of the South-West, but from others who are desirous of keeping up their knowledge of the language. It cannot lack for interesting original matter, as a large proportion of the physicians of Louisiana are more intimate with the French than the English language, and many of them have received excellent European educations.

OBITUARY NOTICE.

Died, June 15, at Drakeville, N. J., Dr. Ebenezer B. Woodruff, aged seventy-five years.

ECLECTIC AND SUMMARY DEPARTMENT.

Case of Dislocation of the Femur, reduced by Dr. Reid's method. By J. H. Beech, M. D., Cold Water, Michigan.—I am induced to send you the following report of a case of dislocation of the head of the femur downward and backward: first, because of the rarity of this accident; and secondly, on account of the perfect adaptation of Dr. Reid's femoral lever to the reduction of this luxation.

March 28, 1852. Was called into the house of Mr. Samuel Otis, about noon, to see his son, aged two years and one month. Learned that, the day before, he was on his hands and knees, when his brother, two and a quarter years older, jumped suddenly upon his back, by which he was instantly brought to the floor upon his face and left shoulder, with the left leg under him. His screams were violent, and continued to be so whenever the limb was moved upon the body. The mother was obliged to keep him in her arms in a partially flexed position most of the time, and even then he seemed to suffer considerably.

I found the thigh slightly swollen; the toes inverted; and the limb half an inch longer than the sound one, when both were made straight, which gave great pain.

When laid upon the back with the thighs at right angles with the body, the knee was more than half an inch lower than the sound one. Laying upon the face, the body upon a pillow, the trochanter major was found farther back than the tuber ischii, and farther from the crest of the ilium, and

also, the flatness between the crest and the trochanter, contrasted strongly with the roundness of the other side.

There was no crepitation, nor any difference in the length of the femurs, that I could discern. My diagnosis was, of course, dislocation of the head of the femur upon the spine of the ischium, or into the lesser ischiatic notch. From the violence of his cries during the examination, I thought an anæsthetic advisable, but as he resisted the inhalation with great energy, it was not persevered in, thinking it better to try, first, "Dr. Reid's method."

Accordingly, the little patient was laid on his back upon a hard bed, with the shoulders confined by the mother, and the pelvis and right leg held firm by the father, while I proceeded to flex the thigh upon the body, and the leg upon the thigh (allowing the toes to take their own direction, that of inversion), carrying the knee over the right thigh in its passage upward. When a little higher than at a right angle, I was confident that I felt the head of the femur come in contact with the edge of the acetabulum, upon which, I increased the adduction, and continued the flexion, bringing the knee pretty firmly upon the body, and then allowed it to move outward, upon which a sensation of gentle crushing, or sliding, was felt, and the patient altered the tone of his cries very perceptibly. The limb was now brought flat upon the bed, and all restraint removed. The position of the toes and length of the limb were found to correspond precisely with the sound one, and after remaining quiet a moment he asked to be taken up, but made no complaint as before, on being moved. He now sat erect on the lap with both hip and knee joints at right angles, and said, cheerfully, "I aint sick now."

The reduction did not take half as long, and seemed no more painful than my examination had been. My own feelings were so much like "ecstasy" in the conclusion, that I was "very much obliged" to *Dr. Reid*, notwithstanding all his competitors for the honor of priority in the use of the shaft of the femur as a lever to reduce luxations of the head upward, &c.

If my letter has not become too lengthy, it may possess enough practical interest to be laid before professional readers. It is most respectfully submitted to your judgment, and I shall not object to seeing it condensed or clipped with severity, provided verity prevails. Perhaps I should add that—

30*th*. Patient was comfortable; leg somewhat swollen; has tried to step on it, but cried from pain.

May 17. The father says the boy has been as well as ever for some time. —*Buffalo Medical Journal.*

The Empire Spring at Saratoga. By L. E. Whiting, M. D.—I wish to call the attention of the profession (through your valuable Journal) to the *New Empire Spring*. It has not been much used as a *remedial agent* until within the last five years, but is now rapidly coming into use. We have long felt the need of a water at Saratoga Springs which would be powerfully alterative, without the (iron) tonic ingredients.

Many of the invalids visiting our Springs, have difficulties more or less involving the lungs, and they have found the free use of Congress water (which, by the way, is an invaluable medicine for many diseases) to produce a tightness of the chest, dry cough, and general febrile excitement, much to their annoyance. Lung diseases having greatly increased within a few years, we have felt an increasing embarrassment in prescribing our *iron* waters to patients laboring under such difficulties, and our attention was anxiously called to the *analysis* of the New Empire Spring.

The almost entire absence of our enemy (iron), and the harmonious combination of its ingredients, constrained us to think it no *mean water*, and as an almost providential discovery in our emergency—and so it has proved.

After testing it for several years, we find our most sanguine hopes more than realized.

I am now using it with the greatest freedom in pulmonary diseases, and with the most satisfactory results. Instead of febrile action and a hot skin, I find in most cases a mild sudorific effect very soothing to my patients. In severe cases of dyspepsia, when the usual salutary effects of the other springs have failed, or have been too irritating, I have prescribed this with marked success.

Persons afflicted with scrofulous diseases are also using this water with the most signal improvement.—*Boston Med. & Surg. Journal.*

Saratoga Springs, May 4, 1852.

Prevention of Salivation. By GEORGE STEARNS, M. D.—I wish to communicate a fact to you that has recently fallen under my observation, which may be of some interest to the profession generally. All physicians are aware of the salivating effect of calomel, and of the inconvenience that arises from sore mouths and other irritating complaints that affect the patients. I have had several persons under my care to whom I have been obliged to administer calomel, which I have mixed with supercarbonate of soda, in the proportion of about twice the amount by weight of soda. To one patient in particular, whom I have attended for about ten weeks, I have given three grains of calomel with six grains of soda daily for five weeks, besides administering it frequently during the rest of the time. As yet, he has not suffered at all from the salivating effect of the calomel, which has nevertheless been very beneficial to him. Is it possible that these were all persons not susceptible to salivation? Or is the absence of salivation to be attributed to the supercarbonate of soda?—*Ibid.*

Groton, Mass., May, 1852.

On a New Method of Treatment applicable to certain Cases of Epiphora. By WILLIAM BOWMAN, F. R S., Professor of Physiology and of General and Morbid Anatomy in King's College, &c.—In this elegant communication, Mr. Bowman directs attention to the inconveniences resulting from displacements outwards of the puncta lachrymalia, and to closure of the puncta or canaliculi following mechanical injury or ulceration, and suggests an operation for their relief.

In the most aggravated examples of this displacement—namely, in ectropion—the stillicidium lachrymarum frequently subsides in a marked degree, in consequence of the diminished sensibility of the everted mucous surface of the lid, by exposure to the atmosphere; and no operation may be called for on this account.

Sometimes, however, a slight chronic inflammation of that part of the conjunctiva lying near the punctum, produces thickening and eversion of the punctum, or the same result is brought about by a sort of chronic eczema of the lower lid, which produces general, though moderate contraction. These conditions require attentive examination to detect them, but they produce, trifling as they seem, all the distress which is occasioned by constant lachrymation; and the reason is thus stated by Mr. Bowman. We recommend the argument to the next writer on natural theology, as being one of the most pleasing examples of design ever adduced in support of an All-wise Designer:—

"It is a remarkable fact, that an extremely slight displacement outwards will destroy the function of the lower punctum, and the following considerations are offered in explanation of it. The puncta are naturally so placed, as to be either altogether on the conjunctival aspect of the lid (as in some of the lower animals), or else (as in man) at the very margin at which the

skin and conjunctiva blend. Now skin differs from mucous membrane, in the superficial layers of the cuticle being rendered greasy by the sebaceous secretion, so that they throw off water as greased paper does; whereas, the corresponding part of mucous membrane is moist, and water adheres to it. To apply this to the eyelids, and their relation to the passage of the lachrymal fluid: the tears have to be directed towards the puncta, and to enter these orifices; and if the skin were not greasy up to the margin of the lids, the tears would be very apt, indeed would be certain, to ooze over the tarsal margin on to the cheek. The skin of the lids is, however, exceedingly delicate and thin, and deficient in sebaceous follicles. But to supply this want, there is a great development of sebaceous glands, placed so as to pour their secretion on the margin of the lid, close upon the line of junction of the skin with the mucous membrane—on that part where there must be a constant tendency for the moisture of the mucous membrane to soak through and wet the surface of the cuticle, and yet where it is so essential to the retention of the tears, that the skin should be greasy. So that I regard the Meibomian glands as existing, not for the purpose, as stated in anatomical works, of preventing the agglutination of the lids when closed (which would be more likely to happen here, without sebaceous matter, than it is to occur between the lips of the orifice of the urethra), but for the purpose of maintaining that greasy state of the surface of the cuticle at the margin of the lid, which prevents the tears from escaping over the cheek. And I may add that the probable use of that sebaceous gland, called the caruncle, is to throw the tears into a little pool above it, where they may be taken up by the puncta; for even the lower punctum glides above the caruncle in the winking movements of the lids. Now it appears that the punctum, though situated on the confines of the skin and mucous membrane, partakes only of the character of the latter. Its margin is always naturally moistened by the tears, and is not greasy. The mucous surface on its inner side, over which the tears approach it, is also moist and conjunctival. Now in the cases to which attention has been called, the punctum has its margin greasy and cuticular, as a consequence of its displacement and exposure, and the membrane on its inner side is similarly changed, so that the tears are prevented from coming up to it, and do not wet it, but collect in a drop at the caruncle. And if the punctum is pushed back into contact with the tears, its margin instantly throws off the moisture, and cannot be wetted by it. In some cases, a margin of $\frac{1}{60}$th of an inch of greasy membrane on the conjunctival side of the punctum, is sufficient to destroy its function." (pp. 339, 340.)

The remedy for these evils accidentally suggested itself to Mr. Bowman whilst examining the eye of a female who, many years before, had torn the lachrymal canal completely across, and in whom the orifice still remained open. It occurred to him that a similar division of the lachrymal canal might afford a new way into the lachrymal sac in some cases of epiphora; while experience showed him that such an orifice in the canaliculus would probably not contract, but remain permanently open. He accordingly put his idea to the test in a case of eversion of the punctum consequent on eczema of the lower lid; and having introduced a probe into the punctum, and then brought it out through a slight wound made in the conjunctival surface of the canal, he slit up the canal for a short distance towards the punctum. This operation established a sort of artificial canal or drain, leading into the sac, which answered admirably so long as it remained open. Some difficulty was experienced in maintaining its patency; but, on repeating the operation in other cases, Mr. Bowman has found it sufficient to slit up the canal from the punctum, and to break down the newly-formed adhesions with a probe, for two or three times in succession, after they have

formed, after which this artificial entrance remains permanently open. He suggests, also, that the same operation may be resorted to in cases of obstructed puncta or canals, where the point of obstruction is sufficiently far from the sac to allow the canal to be slit up through the conjunctiva, as it is essential that the canaliculus itself should furnish the channel.—*Brit. & For. Medico-Chirurg. Review.*

On Insanity as induced by the Silent System of Imprisonment. By M. JORET.—M. Joret, who is physician to the Female House of Correction at Vannes, seems to have studied the unfortunate beings placed under his charge with the eye of a philosopher; and we regret that we have not space to transcribe some of his preliminary remarks upon the characteristics of a prison population. He describes it as a separate caste of society, which must always exhibit a larger proportion of insane than is met with amongst persons at large; and declares that a careful study of their peculiarities, made whilst living amidst them, must lead to the conviction that the "moralization" of the great majority is wellnigh impossible, whatever system may be adopted. His observation confirms the opinion of those who believe that real good is rather to be effected by snatching the children of these wretched beings from the demoralizing influences that surround them. The great majority of the women who are admitted at Vannes can neither read nor write; but a large portion of them manifest great, and for society a dangerous, intelligence. Some of the worst thieves admitted are those who, when in prison, show themselves most tractable and obedient to the regulations, although these exert not the slightest reformatory effect upon them. The class of prisoners who seem most amenable to attempts at their reformation, are those committed for infanticide, being usually country girls of very limited capacity and most absolute ignorance.

Treating of the influences exerted by the silent system, the author observes, that it is especially ill-suited for so conversational a people as the French; and that the majority of the female prisoners undergo punishment upon punishment, rather than not indulge in their propensity to speak. It is not these, however, who become insane:—

"But amidst these, other prisoners are found; and be it observed they are the quietest, and those who fulfil their tasks with most punctuality, lead more meditative lives, and are sensitive to punishment. They live solitary amidst others, and have a conscience which yet speaks to them. They are sincerely repentant, and it is because they desire to make amends for their offences or their crimes by exemplary conduct, that they seek carefully to avoid incurring any punishment. They are constantly engaged in overcoming themselves; but in most cases their success is attended with such a constant state of mental tension, as to lead to disturbed menstruation, cephalalgia, giddiness, singing in the ears, and afterwards to perversion of the intellect." (Tom. xiv. 334.)

Condemnable, indeed, would any system of punishment be, if its worst effects were wreaked upon the least deserving objects of it. A tendency to insanity may be also called into activity (for we doubt not that criminals should be regarded as possessing a cerebral organization rendering them prone to become insane) by the mere chagrin which any form of imprisonment would produce, as also by the deficient amount of bodily exercise, especially in such of the prisoners as had, prior to their incarceration, been accustomed to much of this. M. Joret, by means of synoptical tables, endeavored to set forth the influence of each of these circumstances in the cases that have occurred at Vannes. Between the years 1842–6 there were admitted 872 women, and of this number 68 became insane. But as 38 of these had already exhibited signs of insanity prior to their arrival, their cases are eliminated in considering the effect of the silent system, leaving

thirty for comment. Each of these cases is detailed; but we have only space to state the general results. Of the entire 68, the greater number were between 30 and 40 years of age, fewer between 20 and 30, and fewer still between 40 and 60—a result conformable to that drawn by Georget from 4409 cases. The numbers of those who had been found guilty of robbery (43 of 68) far surpassed that of all other crimes put together; as might be expected, indeed, from the larger proportion of committals for crime against property than against persons. As to the *form* of the disease, it showed itself as monomania in 41, as acute mania in 14, as imbecility in 12—all these last manifesting it on admission. Of the 30 cases which commenced within the prison, 11 became developed between the third and sixth month of imprisonment, 6 between the eighth and tenth month, 6 between the twelfth and fifteenth, and 7 between eighteen months and three years. These thirty cases are arranged by M. Joret in three categories. In the first, consisting of fourteen cases, the primary cause of the insanity seemed to be the absolute silence insisted upon. In the second (ten cases), the women were the victims of severe chagrin; and in these the silent system seemed to have acted secondarily. The six cases of the third category are attributed to defective exercise, one or both of the other two causes co-operating. Admitting the validity of all these causes, we are quite unable, after the perusal of the author's cases, to discover the reasons which have guided him in apportioning out their respective operation in each instance. Notwithstanding the advantages of the earliest treatment, and removal to hospitals for the insane, only eight recoveries occurred amongst these thirty cases! M. Joret, comparing the proportions of insane among persons at liberty, or prisoners in general, and in those submitted to the silent system, states the first as 1, the second as 12, and the last as 37 per 1000; but the figures from which he deduces these proportions are, we believe, too inexact, and not sufficiently numerous, to be relied upon. We regard his paper, however, as an important contribution towards the mass of facts that will require examination, for the solution of one of the most important social problems of the time.—*Brit. and For. Medico-Chirurg. Review.*

Suppositories. By A. B. Taylor.—As our National Dispensatory gives no account of this valuable class of medicinal applications (*suppositoria*) a brief notice of their preparation, in the *American Journal of Pharmacy*, will perhaps be serviceable to some of its readers. Though hitherto but little employed in this country, suppositories have long been extensively used in France. They have recently, however, attracted the attention of some of our physicians, and bid fair to grow into much more general demand.

They may be described as medicated compounds of a stiff consistence, designed to be introduced into the rectum, and serving the purposes of the ordinary clysters or injections (*Enemata*). They are applicable in all cases of constipation, or of irritability, or inflammation of the lower intestines; and have the advantage over liquid injections, of more easy introduction, as well as of greater comfort and cleanliness; and they may sometimes be retained, when liquids would not. There is, perhaps, no substance so well adapted to serve as the vehicle of these applications, as the butter of cocoa (*oleum cacao*), as no combinations of suet, spermaceti, or wax, &c., combine in so great a degree the proper hardness or firmness of substance, with the requisite fusibility.

The following formula, is a prescription of Dr. S. W. Mitchell, and has been considerably used:—

Take of Cocoa butter ℥iss;
Powdered opium gr. xii.
Mix, and make into twelve suppositories.

The butter of cocoa is to be melted by a gentle heat. The opium is then to be well rubbed up with a small quantity of the fluid, until thoroughly incorporated, and the remainder of the melted butter gradually added. When cool and slightly thickened, the mass, being well stirred, should then be poured into paper cones.* If the cocoa butter is too fluid when transferred to the moulds, the opium will settle to the apex of the cone, and not be properly diffused through the substance. When perfectly hard, these cones should then be pared or scraped at the base, until they weigh just one drachm—giving one grain of opium to each suppository. Practically, therefore, it will be necessary to make one less than the required number —reserving the parings for another operation.

The following formula has been prescribed by Dr. Pancoast:—

Take of	Cocoa butter	℥i;
	Extract of krameria	℈ii;
	Powdered opium	gr. v;

Mix, and make into ten suppositories, as above.

It is stated that cocoa butter is much esteemed in France, for its supposed healing qualities, and is a favorite application in cases of piles. With powdered galls, or tannic acid, this substance would therefore probably form a useful substitute for the ordinary pile ointment. The proportions to be employed, would of course be regulated entirely by the physician's order.

In DORVAULT'S French work on *Practical Pharmacy*, suppositories are described as varying from the size of the little finger to that of the thumb; and weighing from ʒi½ to ʒii½ (five to ten *grammes*). The author gives as a formula for the vehicle, butter of cocoa melted with an eighth part, by weight, of white wax; or as an inferior substitute, and one less used, common tallow mixed with the same proportion of wax. Soap suppositories are formed by simply cutting soap into convenient shapes. Suppositories are also prepared from honey, by boiling down this substance till it becomes sufficiently hard to retain its shape. There are also formulæ given for anthelmintic, anti-hemorrhoidal, astringent, emmenagogue, laxative, and vaginal suppositories; as well as belladonna, calomel, cicuta, mercurial, and quinine suppositories.

In GRAY'S *Supplement to the Pharmacopœia*, there is given the following formula for a suppository; taken from the *Codex Medic. Hamburg*, 1845.

℞.	Aloes	ʒvi;
	Common salt	℥iss;
	Spanish soap	℥iss;
	Starch	ʒviii.

Mix, and make into a mass with honey, and then form into cones of the required size.—*American Journal of Pharmacy.*

On the Functions of the Great Sympathetic Nerve, or the Nerve of Organic Life. By WM. GRIES, M. D., of the city of Reading, Pennsylvania.—In an essay which I had the honor of reading before the "Medical Society of the city of Reading and county of Berks," on the 6th of April last, and again before the "Medical Society of the State of Pennsylvania," at its annual session in the last week in May, at Philadelphia, I made the following cursory remark: "Upon serious reflection, I looked upon all diseases as being under the influence of some cause affecting more particularly the organic nervous system, prostrating it, and disturbing its proper action; and I concluded that this must be corrected; and it appeared to me that the

* These moulds should be made of sized or writing paper, and may be conveniently *placed in shallow* boxes of sand, to preserve their position.

sulphate of quinine, in proper doses, would do this better than any other medicine." If I am not deficient in information, the opinion held by the profession in general, with reference to the functions of the organic nerve, is, that it may be compared to lines of telegraphic wires extending from one organism to another, to give mutual information how each performs its functions, and to combine all the organisms in a concert of action, to work out the great objects of manifesting life. This I have been led to consider a very imperfect and partial view; and I have been perfectly astounded that the views brought out, more than thirty years ago, by Dr. Jas. Copland, of England, and so ably extended and maintained in his great work, the *Dictionary of Practical Medicine*, should have attracted so little attention from the profession. The more I have studied the subject in his writings, and by my own observations upon the diseases that have come under my notice, the more have I been convinced of their truthfulness; and I refer with confidence to the cases recorded in my essay above referred to, as illustrative and confirmatory of those views. Whilst I was making those observations, I was perfectly electrified when I read, in the April number of the *American Journal of the Medical Sciences*, the experiments performed on the great sympathetic nerve by M. Claude Bernard; and before I had finished the reading of that short notice, I was irresistibly convinced that it fully confirmed all those views of Dr. Copland. I reasoned thus: If the destruction of a small cervical branch of the sympathetic has the effect of producing those results stated in that notice, it must of necessity follow, that an impairment of its vitality must, in a degree commensurate with the degree of that impairment, be followed by similar results on the whole system. I think that I may safely say that I have now treated more than one hundred cases, similar to those recorded in my essay above referred to, upon the same plan, and I hesitate not to say that, without a single exception, with equal success. In the observations I have made upon those cases, I have much extended Copland's views, as far as their record has come under my review. I now look upon the great sympathetic as God's prime-minister, appointed to preside over the whole organization of man, and to actuate and regulate all its vital actions, both physical and mental.

I believe that the nervous system of animal life is as much under its influence and guidance for the performance of its proper functions as any other organism in the body. In further illustration of my views I am tempted to say, with trembling awe, fearing that it borders on blasphemy, that the combined nervous systems are a triune government; that the great sympathetic operates through the system of animal life, and emanating from both, the nervous fluid, or whatever name I may give it, manifests its power and action on the organism.

In illustration and confirmation of my views, which I have so categorically stated, I shall now recite other cases, and make observations upon them. As I have been myself the chief subject of experiment, I must now, even at the risk of being accused of egotism, give something of my personal history. However, I feel confident that the true physiological inquirer, for whom alone I write, will clear me of such an imputation.

About forty-six years ago, when I was ten years of age, I had the intermittent fever for three months, of a tertian form. I could not retain sufficient cinchona on my stomach to interrupt or put a stop to the paroxysms, and my physician gave me frequent emetics without attaining that end; and I began to hate him and his emetics; for the sight of him was almost enough to make me vomit. I remember well yet, that in the latter part of my sufferings, when the paroxysm was at its height, I would have a sensation as if my head was expanding, and at last filling the whole house that I was in; when, of a sudden, I would be transported to the edge of a precipice or a chasm, and, in the act of toppling over, I would scream out in

agony; and my father would lead me or carry me about, which seemed to relieve me. From that time onward, all my mental faculties seemed to be blunted. My memory was less retentive; I was stupid and drowsy. I would frequently, when a grown-up young man, fall asleep in the midst of company, even that of young ladies. I tried various plans to counteract it—low diet, &c.—but all without effect. Notwithstanding this impairment of my mental faculties, I never lost my appetite for mental food. I was mentally omnivorous. I thought frequently of Bacon's aphorism, "reading makes a full man, writing a correct man, and conversation a ready man," and I often resolved to be governed by it, but never succeeded. I would add to the first branch—it also makes a dull and stupid man; for repletion with mental food has the same stupefying effect that repletion has upon our physical organization. That I never benefited by the second is abundantly evident from the specimen before the reader. I have no power for precision in language; consequently, I employ figures or analogies for illustration. I take hold of a figure, but I don't carry it out; and as I pass on, I fling away one and grasp at another, as it comes readily to hand. I have written but little, and, with the unfaithful steward, I buried my one talent, and took credit to myself for doing so. With reference to the last branch, I had but little opportunity to benefit myself, until the formation of the American Medical Association, and its auxiliaries.

I tried various means to excite my mental faculties; all alcoholic stimulants, distilled or fermented, always rendered me more stupid. When phrenology came in vogue I paid considerable attention to the subject, and came to the conclusion that my brain, being a very large one, was made of very coarse material, and was never intended for literary or scientific occupation; and the rest of my physical structure being of little strength, I was led to fear that I was but poorly fitted for any station. As regards the phrenological development of some of the organs, veneration is very deficient, so that it requires a continual effort to properly venerate the Author of my being; but firmness, or what in me might, perhaps, more correctly be called stubbornness, is very strongly developed. Now the subject is described; next come the experiments.

At an early period of the prevalence of the peculiar state of disease described in the essay referred to above, I found my health deteriorating; my hepatic secretions and my bowels were particularly affected; it seemed paroxysmal, generally worse late in the afternoon and night. On account of being, for many years, a sufferer from emphysema of the lungs, I feared the use of quinia in large doses. I used mercurial alteratives and mild laxatives, to mend the secretions, but they would not be mended. My appetite was impaired, my strength failed, and I was unapt for mental or physical exertion. I determined, at length, by observing the benefit resulting to others from large doses of quinine, to use it on myself. I commenced by taking ten grains in the evening, before going to bed; it was followed, in about one hour, by a slight tremor in my hands, and in fact in all the voluntary muscles; but what completely and agreeably surprised me, and what I had not, in the smallest degree, anticipated, was the clearness and expansion of my mental faculties; I could think more clearly; and, after the lapse of about two hours, I fell asleep, and slept more soundly than I had for many years (for although I was always drowsy more or less, unless engaged in bodily exercise, yet I never slept soundly, and my awakening was not sudden). I felt much better in the morning, more inclined to attend to my duties, and more capable of attention.

Upon reflection, through the day, I concluded that I had taken an overcharge (like an overcharge of an electric battery), and I took a diminished dose in the evening. It was followed by less tremor, but equally sound sleep and readiness for mental and bodily action. In a few days, I brought

the dose to five grains, and took it before breakfast in the morning: at this dose it produced no tremor, and was followed by all the good desired. I have been taking it regularly now for four months, with an occasional interruption of two or three days. My appetite has been good, my secretions are corrected, my mind and body are invigorated; I have had no occasion for alteratives or purgatives. In a word, I have enjoyed life more for the last four months, than I had done for forty-six years. I had for a considerable time held the view that the remote cause of ague operated upon the great sympathetic, impairing, in some manner, its functions, and that this impairment was the proximate cause of ague; now I feel perfectly convinced of its truth, and, in my own case, reason: that my protracted ague, at ten years of age, impaired the power of the sympathetic, and that the sulph. quiniæ has restored that power. I further believe that that terrific disease, tetanus, may reasonably be ascribed to the impairment of the superintending power of the sympathetic over the nervous system of animal life, and that the latter runs furiously wild without the controlling check of the former. And I further believe that in very large doses of quinia, frequently repeated, will be found the remedy for this opprobrium of medicine. Nay, I go still further, and believe that even hydrophobia will yet submit to it. I feel that I am riding a hobby, and I am terrified when I reflect that many men of much superior capacity and experience have been engulfed in the slough and quagmire by not restraining their hobbies; yet I cannot find prudence enough to draw in the reins of mine; his gait is so pleasant, I cannot look down, but up, and under a charm I go ahead. I write this only, as it were, to call for help, that, if my friends see my danger, they may cry out and stop me.

I hope that no one will understand me to say that the sulph. quinine is a remedy for all kinds of morbid action in the sympathetic. It is intended only in its dynamic action. It is only the remedy when it is in an adynamic state, to raise it to its proper standard, and to re-establish it in its proper office. Thus far my experience warrants me. That other morbid states may arise requiring different therapeutic agents, I have no doubt; but I do not understand them. My main object is to draw attention to its functions and to excite inquiry.

I have found it necessary to use more tonics of all sorts during the last six months, than I did during ten years before, in proportion to the number of patients. Indeed, twenty-five years ago, I was inexperienced enough to believe that tonics might be expunged from the list of therapeutic agents. In order to show the perfect safety of the large doses of quinine, spoken of in my former essay, I will state, rather minutely, the case of a little girl, now two years of age. She was from birth of a delicate constitution, always very restless. About six months ago, when I was called to see her, she had pretty well-developed symptoms of inflammation of the brain; I got her over it with difficulty, and she had a protracted convalescence. During an early period of the epidemic scarlatina of last winter she was attacked with that disease, and had a slow convalescence. About six weeks ago, she was taken with a severe attack of measles.

I ought to have mentioned that she was, almost from birth, affected by a slight cough. After the measles passed off, she was weak, fretful, and sleepless. I had to give her opiates, and then again alteratives, to do away the mischief that the opium had done. I thought, in her convalescence from scarlet fever, that she was affected by the general epidemic influence, and I gave her, several times, two-grain doses of quinia with benefit.

During the protracted recovery from measles, I gave, on the 21st of May, four grains of sulph. quinia, in the evening; next morning, the mother reported that she had slept better that night than she had for many nights before, and awoke much more cheerful. I gave her again four grains of

quinia, and the next morning her mother remarked, when I called to see her, "Doctor, it is very strange that Amelia always, when she takes that white medicine, sleeps better than on anything else, and awakes more cheerful." On the 24th of May, as I was preparing to go to Philadelphia, I left a mixture of four grains of sulph. quin., to be given on the 28th, to prevent a relapse. Last evening, her mother sent for some drops to make her sleep, and I sent the four-grain quinia mixture; this morning (June 4th), I found she had slept well on it, and was very cheerful.

I think it not out of place here to state another very remarkable case. On the 10th of April, I was called to a lady who had borne three children, at single births, who are all living. She had been sick five days, under the hands of another *doctor*. I found her vomiting blood largely; she had great tenderness over the epigastrium; a costive state of bowels. She had also occasional bleeding from the nose. She thought that she might be two months *enceinte*. Her tongue, when protruded, was contracted, pointed, and of a deep red. Her *doctor* had given her laudanum and ether for her pain! and hot strong cinnamon tea to stop vomiting! According to her account, she had had an hemorrhagic diathesis from her youth up.

I commenced my treatment by interdicting all that had been done; and ordered cups to the epigastrium, and an enema of turpentine and castor-oil. I directed them to saturate lemon juice with table salt, and to put a teaspoonful of this into half a pint of iced water, and to use this altogether for her drink. She immediately improved on this; but the case proved exceedingly protracted and intractable. On the 1st of May, I tried nitr. argenti with opium, but I had soon to desist, for it irritated the stomach. I then tried creosote in small doses, but it would not answer. On the 4th of May, I determined to use the sulph. quinia, because I had observed for several days a paroxysm every afternoon, manifesting itself by a little coldness of the knees and crampy pain of the stomach, with distressing nausea and vomiting of blood; but her stomach would not tolerate the quinine. I then made up my mind to introduce the quinine, in large doses, into the rectum, on the 6th of May. But early in the morning her husband came into my office, to tell me that she insisted upon having a homœopathic doctor. He attended her three days with great promises but no performance; when they applied to one of our old physicians, of the old school. On the 15th of May, they begged of me to take the case again in hand. Upon visiting her, I found her exceedingly prostrated and emaciated. I immediately proceeded to carry out my project; and from the 15th to the 21st of May, I had administered eighty grains of sulph. quiniæ, by enemata. On the 24th of May I left her fairly convalescent. I was absent nine days, and on the day before my return she had a slight relapse; of this she is now cured, by twenty grains of quinine by enema.—*Medical Examiner.*

On the Effect of Baths of Whey. Translated from *L'Abeille Médicale* for the *N. J. Medical Reporter*.—On the 17th of May last, Dr. Niepee read before the Academy of Sciences of Paris a paper on the action of baths of whey.

In a former paper, published three years since, on "the Action of Whey Baths," either pure or in the state of mixture with the sulphuretted water of Allevard, Mr. Niepce related several instances proving that, in a large number of nervous affections, the use of these baths was attended with beneficial results.

Since that time, says he, what the author then advanced has been confirmed by numerous cases of recovery from gastralgia, enteralgia, hysteria, and other diseases dependent on disturbance of the nervous functions.

There is, moreover, another class of complaints for which many invalids

have been in the habit of coming to Allevard to take the *whey baths*. These are various diseases of the heart.

Having observed that in most of the patients, when they were immersed in the bath, the pulse became reduced in a very remarkable manner—to that degree as to give but 34 pulsations, Mr. Niepce has carefully noticed the condition of the circulation in all the patients.

The data which he has collected of 217 invalids who have made use of whey baths during the years 1849, 1850, 1851, have furnished the following results:—

In 69 cases	the pulsations were reduced to	-	-	-	34
" 93	"	-	-	-	-	-	-	-	38
" 31	"	-	-	-	-	-	-	-	42
" 24	"	-	-	-	-	-	-	-	45

It is to the *lactic acid*, the writer believes, that this moderation in the circulation ought in part to be attributed.

Among the diseases of the heart, the most numerous cases for which the patients have come to use the whey baths, Mr. Niepce mentions nervous palpitations of the heart.

Baths of whey have also been useful in some cases of palpitations, owing to organic injury of the heart, and in many cases of *chlorosis*.

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Collodion in Erysipelatous Inflammation. By HENRY WEST, M. D. Read before the Belmont Medical Society, July 3, 1851.—It is not the design of this paper to go into the full *per diem* detail of the two cases that I propose to report, but merely to add my testimony in favor of a new remedy, as a local application, in cases of Erysipelatous Inflammation.

Since the prevalence of Erysipelas, in this section of the country, has become so common, the practitioner naturally directs his attention to those remedies most likely to relieve and produce a cure. It has been my experience, with all the local remedies in common use, in many cases to succeed but partially, notwithstanding they have been applied with all the assiduity and to the full strength recommended by authors. There is no doubt that much good often arises from them.

Case I.—H. A. had been laboring for a long time under an extensive abscess and ulceration in his right thigh, extending from the great trochanter almost to the knee. At the time the erysipelas attacked him, he was not under medical treatment.

When called, Feb. 20, 1851, I found him laboring under great derangement of the secretions; and, indeed, the whole system; rigors, fever, loss of appetite, tongue dry, bowels constipated, headache, pulse 110.

I commenced with the usual remedies for such condition, and directed the parts to be bathed freely with a solution of nitrate of silver, which was continued for three days; during which time the inflammation continued to extend, until it reached the ankle joint. I then commenced the use of the collodion, applied a thick coating of it over the inflamed surface, extending it to some inch or more over the surrounding healthy integuments. On the next visit, the inflammation had not extended; applied a new coat, and from that time there was no further spread of inflammation; and, in two days more, a very decided improvement had taken place, and he continued to improve rapidly until the disease was entirely removed.

Case II.—Mrs. H., aged 55, has been subject to attacks of erysipelas of the face, for some years past. The last attack assumed a phlegmonous type, and had continued for 48 hours, before I first saw her. Accompanying the local disease, much constitutional disturbance was present.

Prompt measures were resorted to, with the free use of nit. of silver, without abatement of the local symptoms, which had commenced on the forehead above the left eye. She complained of excessive burning and

soreness. From the first location the inflammation extended rapidly, with much œdema, over the scalp and across the left temple, closing the eye of that side. At my second visit there being no amelioration; I at once shaved the head, and applied a thick coating of the collodion over the whole inflamed surface, taking care to extend it an inch or more over the surrounding healthy surface. The burning ceased almost instantly. On my visit, next day, I was much gratified that but little further spreading had taken place. On inquiry of the patient, in relation to the burning and soreness, she replied, "that as soon as the nurse skinned it over, the burning and soreness immediately left." These two cases are all that I have seen, since my attention was called to the subject. With the result of them I have been highly gratified, and, should others occur, I shall certainly apply it again.

Since writing the above another case occurred. A child, aged 8 days, was attacked with erysipelas in the right hip, extending from the os coccygis nearly half way up the back, and around to the superior spinous process of the ilium. I at once coated the parts over freely with the collodion, and, after the first application, it ceased to spread. It was only applied three times.

From the nature and pathology we must seek for a solution of the *modus operandi* of the remedy.

We can see, in all cases of erysipelas, the most marked symptoms of inflammatory action—heat, redness, pain, and swelling.

Hence the application of collodion is plain. First, it is refrigerant; second constringent.—*Trans. Belmont Medical Society.*

[Translated for the N. J. Medical Reporter.]

Formulæ employed in Germany in the Treatment of Chronic Gout.—Dr. Rave recommends savine (*Juniperus sabina*), internally and externally, in cases where gout has produced rigidity of the limbs, or palsy. It is applied externally in the form of local baths, which are made with an infusion of savine, or friction may be employed over the affected parts with the essence of savine. For internal use, triturate together fifteen grammes* of sugar and an equal quantity of fresh savine leaves until they are thoroughly mixed; the whole is then divided into twelve parts, the patient taking one every hour. Drs. Pfeuffer and Endlicher produced beneficial effects from the association of calamus aromaticus with savine, in cases where a tonic gout is complicated with œdema of the affected parts. They recommend as very efficacious, when continued a long time, an aqueous infusion of the following mixture:—

℞.

Calamus aromaticus	90 grammes;
Sabina	60 "

Infuse in a litre (about a quart) of boiling water. This quantity ought to serve for five days.

Dr. Gæden recommends the following liniment in inveterate gout:—

℞.

Phosphorus		2.8 grammes;	
Ol. Sabinæ,			
Ol. Terebinth.	ää	15 "	
G. Ammoniac		60 "	M.

The patient uses this liniment on leaving the bath. Kopp commends the external use of the following mixture:—

* The gramme is 15.434 grains Troy.

℞.

Copaibæ,		
Bals. Peruvian. āā	75 grammes;	
Ol. Sabinæ	4 "	M.

A pledget of lint is soaked with this, and applied to the affected part.

Besides savine, two other empirical remedies have been recommended in Germany.

Thus, Fischer states that he has employed with great success the bicarbonate of soda in increasing doses, internally or externally; he sometimes added the calamus aromaticus to the baths.

Hufeland, in cases of gout complicated with contractions, or articular nodosities, has had recourse to fumigations with vapor from *ants*. These insects are to be procured in the months of June and July, preferring the large species, which are found in the woods. Boiling water is poured on the ants, and the patient holds the affected part in the vapor which rises. —*Gazette des Hôpitaux.*

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Pathology and Treatment of Hooping-Cough.—In a letter to the editor, Dr. WILLIAM J. WALLER, of Gloucester County, Va., gives his adhesion to the "conjectural pathology" of Pertussis, broached by Dr. Madison, in the October number of this journal.*

Dr. W. says: "Believing then, as I do now, that hooping-cough is a very obscure disease, and having gathered little or nothing from its pathology from *the books*, I determined to adopt Dr. M.'s pathology, whether 'conjectural' or not, and, whenever an opportunity should present itself, to try his plan of treatment." * * *

"During the month of February, I had an opportunity of testing the practice in five or six of the most severe cases which I ever encountered, and I found this treatment (a single blister to the nuchæ) to prove more efficient than any other which I had ever adopted. All my cases recovered rapidly, and without a vestige of cough remaining; some were complicated with other serious disorders, but the treatment was uniformly the same; paying some attention to the condition of the bowels, &c., as occasion demanded."

Dr. W. hopes that other members of the profession will investigate this subject, and give the result of their experience.—*Stethoscope.*

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New Treatment of Deafness.—"One of the latest efforts to restore to a deaf ear its original functions, consists in applying a cup that fits closely to the side of the head round the outer ear, and exhausting it with an air-pump. A common cupping apparatus answers every purpose, provided the glass will fit so well as to prevent the ingress of atmospheric air under the edge. In a variety of cases, the simple process of carrying on this exhaustion till a new sensation is felt, something like extreme tension in the lining membrane of the meatus externus, is represented to restore the organ to its normal state. Under such circumstances, the theory of the remedy is, that deafness results from an impoverished flow of cerumen, in consequence of the inertia of the excretory ducts; and by taking off the atmospheric pressure, their proper fluid oozes out upon the tube, and instantly modifies the condition of the mechanism exterior to the drum. Having thus been roused from a state of torpor and suspended activity, they continue afterwards to act with energy. If they subsequently fall partially back to their abnormal condition, the pump must be reapplied as occasion may suggest. As there is no witchcraft about it, and almost every practitioner has a breast-pump, or similar contrivance, by which an experiment could be made,

* See *N. J. Medical Reporter*, vol. v. p. 124.

and there being no hazard attending it, it may be worth a trial, and it is very possible that one out of a dozen cases might be essentially benefited by this simple operation."

The above notice, taken from the editorial department of the *Boston Medical and Surgical Journal*, will serve the purpose of directing attention to a new remedy for deafness; but we cannot transfer it to our pages without comment. In the first place, deafness being a common symptom or result of various and very dissimilar pathological conditions of the auditory apparatus, it is evident that the remedy cannot be applicable to all cases. Nor are we prepared to admit, with our respected brother editor, that there is "no hazard attending it." It is highly probable, nay certain, that, by undue exhaustion of the cups, the membrane of the tympanum may be ruptured. We have not tried the "experiment" upon the dead body, so as to determine what force may be necessary to produce this rupture, nor do we know how much may be borne by the living without giving pain. Deafness is sometimes the consequence of an inflammatory condition, more or less acute, of the organ; in which state of things it is difficult to conceive how the process can be otherwise than injurious.

When there is a defect of circulation or an atony of the parts, cupping, judiciously resorted to, may be useful. It may possibly be advantageous in cases in which the membrane of the tympanum is already ruptured, for then it might tend to dislodge matters contained in the cavity of the tympanum, by drawing a column of air through the Eustachian tube, and even to reopen this tube if it were obstructed.

A similar procedure has been somewhere suggested for the treatment of impaired vision. It may be remembered that, a few years ago, the newspapers were filled with the discovery, attributed to the venerable ex-president John Quincy Adams, of a simple method by which the use of spectacles might be dispensed with by the aged. This consisted in the frequent though gentle compression of the sides of the eyeball, by placing the thumb upon the external angle of one eye and the middle finger upon that of the other eye, and slowly approximating them towards the root of the nose, so as to elongate the axis of vision. We know persons of intelligence who affirm that they have been thus very much benefited. Whether the relief be attributable to the effect assigned, or to the tonic influence of the combined pressure and friction, is not the question before us. For the purpose of elongating the visual axis, however, an India-rubber cup has been invented, and is to be found in the shops. It is simply a half globe, which, when flattened and applied to the orbit, reacts by its elasticity, and, in resuming its original form, tends to draw out the eye by the vaccum thus occasioned. Now this little instrument must have the effect of producing a congestion of the eye, which is not without risk, especially if often repeated.—*Editor of Southern Med. & Surg. Journal.*

Special Treatment of Phthisis Pulmonalis. By Prof. J. H. Bennett, M.D., Edinburgh. — Under the head of general treatment of phthisis pulmonalis, I have pointed out the means of meeting the three indications which should never be lost sight of in this disease. But every case requires a special treatment in addition, which will depend on the unusual severity of this or that symptom, or the existence of peculiar complications. It is to the undue importance given to this special, as distinguished from the general treatment, that I attribute much of that want of success experienced by practitioners. Thus, it is by no means uncommon to meet with patients who are taking at the same time a mixture containing squills and ipecacuanha, to relieve the cough; an anodyne draught, to cause sleep and diminish irritability; a mixture containing catechu, gallic acid, tannin, or other astringents, to check diarrhœa; acetate of lead and opium pills, to *diminish* **hæmoptysis**; sulphuric acid drops, to relieve the sweating; and

cod-liver oil in addition. I have seen many persons taking all these medicines and several others at one time, with a mass of bottles and boxes at the bedside sufficient to furnish an apothecary's shop, without its ever suggesting itself apparently to the practitioner, that the stomach, drenched with so many nauseating things, is thereby prevented from performing its healthy functions. In many cases there can be little doubt that this treatment of symptoms with a view to their palliation, whilst it destroys all hope of cure, ultimately fails to relieve even the particular functional derangement to which it is directed. Still, these symptoms require attention; but their causes, and the means required for their relief, will be best understood by speaking of each in succession.

Loss of Appetite and Anorexia.—These are the most constant and important symptoms of phthisis, inasmuch as they interfere more than any other with the nutritive processes. If food, or its substitute, cod-liver oil, cannot be taken and digested, it is vain to hope for amelioration in any of the essential symptoms of the disease. Here I must guard you from making a mistake, into which the inexperienced are very liable to fall. Nothing is more common than for phthisical patients to tell their medical attendants that their appetite is good, and that they eat plentifully, when more careful inquiry proves that the consumption of food is altogether inadequate, and that they loathe all kinds of animal diet. You should never be satisfied with general statements, but determine the kind and amount of food taken, when you will be at no loss to discover, in the vast majority of cases, sufficient proof of the derangement of the appetite and digestive powers formerly alluded to. Very commonly, also, you will discover acid and other unpleasant tastes in the mouth. In all such cases, especially if too much medicine has been already given, you should allow the stomach to repose itself before giving anything, even cod-liver oil. Sweet milk with toasted bread, and small portions of meat nicely cooked, so as to tempt the capricious appetite, should be tried. Then ten drops of the sp. ammon. aromat., given every four hours in a wineglassful of some bitter infusion, such as that of colombo or gentian, with a little tr. aurantii, tr. cardamomi, or other carminative. In this way the stomach often regains its tone, food is taken better, and then you may try cod-liver oil, first in teaspoonful doses, cautiously increased. Should this plan succeed, you will be almost sure to observe amelioration in the symptoms.

Nausea and Vomiting.—Not unfrequently the stomach is still more deranged; there is a feeling of nausea and even vomiting on taking food. In the later stages of phthisis, vomiting is also sometimes occasioned by violence of the cough, and the propagation of reflex actions, by means of the par vagum, to the stomach. In the former case, the sickness is to be alleviated by carefully avoiding all those substances which are likely to occasion a nauseating effect, not overloading the stomach, and allowing it to have repose. I have found the following mixture very effectual in checking the vomiting in phthisis. ℞. Naphthæ medicinalis ʒj; tr. cardamomi comp. ℥j; mist. camphoræ ℥vij. M. fit. mist. Of which a tablespoonful may be taken every four hours. When it depends on the cough, those remedies advised for that symptom should be given.

Diarrhœa.—This is a very common symptom throughout the whole progress of phthisis, at first depending on the excess of acidity in the alimentary canal, to which we have alluded, but in advanced cases connected with tubercular deposition and ulceration in the intestinal glands. The best method of checking this troublesome symptom is by improving the quality and amount of the food. The moment the digestive processes are renovated, this with the other functional derangements of the alimentary canal, will disappear. Hence, at an early period, we should avoid large doses of opium, gallic acid, tannin, and other powerful astringents, and depend upon the mildest remedies of this class; such as chalk, with aromatic con-

fection, or an antacid, such as a few grains of carbonate of potash. When, on the other hand, in advanced phthisis, continued diarrhœa appears, and is obstinate under such treatment, then it may be presumed that tubercular disease of the intestine is present, and the stronger astringents with opium may be given as palliatives.

Cough and Expectoration.—At first, the cough in phthisis is dry and hacking. When tubercle softens, or bronchitis is present, it becomes moist and more prolonged. When excavations exist, it is hollow and reverberating. In every case cough is a spasmodic action, occasioned by exciting the branches of the pneumogastric nerve, and causing simultaneous reflex movements in the bronchial tubes and muscles of the chest. The expectoration following dry cough is at first scanty and muco-purulent, afterwards copious and purulent. When it assumes the nummular form—that is, occurs in viscid, rounded masses, swimming in scanty clear mucus, it is generally brought up from pulmonary excavations. The accumulation of the sputum in the bronchial tubes, is an exciter of cough; and hence the latter symptom is often best combated by those means which diminish the amount of sputum. When, on the other hand, the cough is dry, those remedies should be used which diminish the sensibility of the nerves. In the first case, the amount of mucus and pus formed will materially depend on the weakness of the body and the onward progress of the tubercle. Hence good nourishment, and attending to the digestive functions, is the best method of checking both the cough and expectoration; whereas, giving nauseating mixtures of ipecacuanha and squills is perhaps the worst treatment that can be employed. There is no point which experience has rendered me more certain of, than that, however you may palliate these symptoms by cough and anodyne remedies, you thereby render the stomach intolerant of food, and so impede the curative tendency of the disease. On the other hand, nothing is more remarkable than the spontaneous cessation of the cough and expectoration on the restoration of the digestive functions and improvement in nutrition. When the cough is dry, as may occur in the first stage, with crude tubercle, and in the last stage with dry cavities, counter-irritation is the best remedy, employed in various forms. Opium may palliate, but never cures.

Hæmoptysis.—This symptom sometimes appears suddenly in individuals in whom there has been no previous suspicion of phthisis, and in whom, on careful examination, no physical signs of the disease can be detected. On other occasions, the sputum may be more or less streaked with blood; and lastly, it may occur in the advanced stage of the disease, apparently from ulceration of a tolerably large vessel. In all these cases, the best remedy is perfect quietude, and avoidance of every kind of excitement, bodily and mental. Astringents have been recommended, especially acetate of lead and opium; but how these remedies can operate, I am at a loss to understand; and I have never seen a case in which their administration was unequivocally useful. I have now met with several cases where supposed pulmonary hemorrhage really originated in follicular disease of the pharynx or larynx, and which, with the supposed phthisical symptoms, were removed by the use of the probang and nitrate of silver solution.

Sweating I regard as a symptom of weakness, and therefore as a common, though by no means a special one in phthisis. Here, again, the truly curative treatment will consist in renovating the nutritive processes, and adding strength to the economy. It will always be observed that, if cod-liver oil and good diet produce their beneficial effect, then the sweating, together with the cough and expectoration, ceases. On the other hand, giving acid drops to relieve this symptom, as is the common practice, by adding to the already acid state of the alimentary canal, is directly opposed to the digestion of the fatty principles which require assimilation.—*Boston Med. and Surg. Journal*, from *Edinburgh Monthly Medical Journal.*

THE

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Medical Virtues and Uses of Lobelia Inflata. By ARIEL HUNTON, M. D.

THE article under consideration having for years been used by a *sect of empirics* in a promiscuous manner, and in every case, who denounce every other emetic as useless or poisonous, I was deterred from using it for years through sheer *prejudice.*

It was related that persons had frequently died under the operation, and others had been much exhausted and distressed from its exhibition.

I did not commence the use of this article until a medical friend pointed out to me its good qualities, and urged me to commence its use, and with it, in the exhibition, add a *stimulant.*

Then I fearfully commenced the use of this powerful herb, and endeavored carefully to note its operation. I have exhibited it to the aged, to infants, and women in every stage of gestation; in the latter, to equalize the circulation and obviate the *nervous restlessness* with which they are usually afflicted. It is prompt and effectual in its operation, acting easily and kindly, *properly* administered, as any emetic I ever prescribed. The first description of the remedial effects of lobelia was in *Thatcher's Dispensatory*, of 1810, p. 146. His description was copied from the writings of an asthmatic *clergyman*, who had taken the tincture of lobelia to relieve him of a paroxysm of that distressing disease. The writer, Rev. Dr. Cutler, says he took in twenty-five minutes three tablespoonfuls of a saturated tincture; does not state it distressed him. This is more than I ever administered at once, or than ever ought to be taken at such short intervals; it will usually *much* distress the patient.

In *Eberle's Therapeutics*, of 1825, p. 46, you will perceive the same account quoted from *Thatcher;* no further investigation, nothing added; in *Hooper's Medical Dictionary*, the same quotation. Those writers aver it will not come into general use, in consequence of the uncertainty of its operation, in some cases being inert, or not acting in large doses; and in others, in small quantities, acting with violence. This is very different from my experience of twenty years.

The *U. S. Dispensatory*, of 1843, speaks more favorably of the article, but has the same Dr. Cutler account, and says in conclusion: "As an emetic, it is too powerful, and too distressing, as well as hazardous in its operation, for ordinary use," and farther assigns to it cathartic properties. I have never discovered any quality of the kind. Here is the copying from a *Protocol*, written by a D. D. of nearly forty years' standing, and very little or no investigation. The progress in this case, as well as many others, is quite too tardy. Is it not lamentable that our medical writers and professors should copy so much, and investigate so little? In my intercourse with my professional brethren, I find some in constant use of lobelia, who highly prize it as a remedy; while others, who have given it but one trial (and that improperly), declare they will never repeat it.

The narcotic effect of lobelia, so much objected to, is very slight. After the operation, the patient is inclined to sleep, but the repose is short and refreshing.

The cause of this article distressing the stomach, in my opinion, is its direct sedative quality; this sensation, I am very sure, may always be remedied or removed by stimulants. I have been called to several cases where *Thompsonians* had given lobelia, in large doses, which had greatly distressed and prostrated the patient, and alarmed the friends. In those cases the pulse is very feeble and slow, laborious breathing; dissolution will appear inevitable. Stimulants, in my hands, have always relieved; such as hot slings, capsicum, ess. peppermint, given *pro re nata.* Soon after commencing the use of this drug, I gave a patient ℥ii of the saturated tincture; it produced all those alarming symptoms. I got out of the dilemma as well as I could, and have not been caught in such a predicament since.

A lobelia emetic will equalize the circulation, and throw the blood on the extremities more effectually than any other emetic, or any article in the materia medica. All admit it to be an expectorant, and a powerful diaphoretic; it is also a diuretic, an antispasmodic, even in *subsultus tendinum;* it is a nervine, good in hysteria, and an alterative. ℞. ℥iss of the leaves and capsules, or ℥ii, if the stalks are retained, and ℥i of pulv. sang. Canadensis to one pint of alcohol; to insure a saturated tincture, to stand from five to seven days; of this tincture, half an ounce or a tablespoonful is a dose, and this quantity will do no injury, if given as directed.

If this quantity does not operate as an emetic, give ipecac.; if it does not operate at all, it will do no injury; it will excite all the secretions and excretions into action. I request the medical readers of this article, in the first case of pleuritis occurring, to bleed your patient, then give a lobelia emetic as directed; and the emesis should not take place in less time than one hour, or one and a half hour. When it shall operate, your patient will be exercised with very little pain; with a sinapism to the side, give such other medicines as the case indicates, until the next day, then another emetic, and your patient usually will be convalescent. In acute rheumatisms, two or three lobelia emetics are of great service, more particularly in the incipient stage; the addition of gtt. thirty to forty of saturated tincture of white hellebore, or veratrum viridi, or American hellebore, added to each emetic, is of great use. *Try it.*

Directions.—Prepare an infusion of mint tea; to two-thirds of a teacupful add ten grs. of ginger, one teaspoonful of sugar, and five grs. of capsicum, or ess. peppermint; then add ℥ss of tincture of lobelia. Mix. Give a teaspoonful, and after it warm herb tea, or tepid water; in ten minutes give another teaspoonful. In this way, give four doses; then increase the quantity to a tablespoonful, waiting between each exhibition ten minutes, or until the nausea has subsided. After taking the quantity directed, if emesis does not occur, give ipecac., drink plentifully of mint tea or tepid water; it will operate as easily and kindly as any emetic in use.

My main object in writing the above, is to induce my medical brethren to use domestic remedies, as a substitute for foreign drugs. If what I have written will induce the faculty to make a trial of the remedy I have proposed, and it should succeed as well in their hands as it has in mine, you will be put in possession of a useful and potent remedy.

Some may think me fanatical, but all I have written is from my own experience. I would add, boiling heat will dissipate the emetic effect of lobelia.

HYDE PARK, VT., *July*, 1852.

Hints on Physical Education. By JAMES H. STUART, M. D. No. 1.

THIS is a subject which has recently engaged the attention of the medical world to a considerable extent; but its importance is such that *too* much cannot be said upon it, provided there is a possibility of good resulting. The following ideas were promulgated in an inaugural thesis, presented at the U. P. in the spring of 1850, and I was then requested by Prof. Jackson to publish them. Motives of a personal consideration prevented me from acting on his kind advice at that time. But I now select the opportunity of presenting a brief and condensed summary of the main ideas to my professional brethren for their criticism, trusting that, if wrong, I may be mildly and kindly led back to the right track; and, if right, my views may be of some small utility to the persecuted "rising generation."

In the matter of physical education, the world is now far behind the standard of ancient times. Physicians have found it more to their interest to *cure*, than *prevent* disease, and accordingly we find more curing to *be* done now than formerly. We may, if we please, look wise, and sagely attribute it to the "progress of civilization," but a little cool reflection will convince any reasoning being that it is not a *necessary* concomitant of that progress.

In passing through the crowded streets of any of our large cities, one is struck by the appearance of the children and youth. A stranger from the country, or a small town, would be peculiarly apt to observe it. In the place of the bright, ruddy, healthful look he has been accustomed to, he sees—but too often —pale, dejected countenances, surmounting puny, stunted frames, and sighs as the poor little ones pass him on their way to school. In lieu of the hearty bursts of laughter, or still heartier yells of grief, with which country children express their joy or sorrow, he hears, perhaps, a "genteel titter," a half-suppressed whine; for, juvenile as they are, they are too "well-bred" to be boisterous. Each one of them is intended for a *gentleman* or *lady*, *not man* or *woman*, and their conduct is regulated in accordance. Not unfrequently brilliant intellect is to be traced in those pallid countenances; and sad, indeed, is it to reflect that probably ere long its light will be quenched in the "night of the grave," and all through the misdirected ambition of parents to tax the precocious genius of their children to its utmost limits. Most sad of all is it to see young girls, just budding into womanhood, when life should be one long May morning; when their affections are ripening, and the future seems to spread a fairy-land before their vision, blasted and withered by the unhallowed influence of a fashionable education, and stepping feebly along — chlorosis fairly stamped on their whole appearance—objects of pity rather than of admiration.

Viewing all this, and knowing it to be the result, in part, of ill-assorted marriages and hereditary taints, we feel half disposed to pardon those stern old Greeks and Romans for consigning to Pluto all feeble and deformed children in their infancy, before suffering commenced. Painful, indeed, must it be for these wretched victims, when they have attained years of reflection, to know that much even of hereditary delicacy of constitution might have been avoided, or rather prevented, by a timely course of training, which their unhappy parents, either from a sinful carelessness or a still more sinful obeisance to fashion, had denied them. How must they feel towards the authors of their being, who, knowing their own infirmities, yet regardless of the consequences; heedless of entailing disease and misery on their

posterity, rushed blindly into matrimony—mayhap because a marriage was *convenient!!* If people *will* beget children, they should be forced to take care of them. Many children are ruined by mistaken kindness; many by an easy carelessness. The parents "know their duty, but they do it not," principally because they think this, that, and the other little item of training, a useless one, forgetting that "many a mickle makes a muckle." It is a subject which should be urged home upon every one. Orators go to public meetings, and prate about "progressive improvement," the "superiority of the present over the past," &c. &c. The merchant goes to his counting-room, and busies himself to amass wealth—for his heirs. The divine enforces his message from God to a dying world; and the physician talks very learnedly to his patients about constitution, exercise, diet, &c. And whilst these men are pursuing their avocations in the forum, the counting-house, the pulpit, and the sick chamber, their children are probably inhaling the seeds of death in a crowded school-room, or laying the foundation for rickets in an ill-regulated nursery, whence they will emerge, each an "Infant phenomenon," to enliven mamma's admiring visitants, or astonish papa's business acquaintances. . . . . But, my letter grows lengthy, and, as I have just completed the rather prosy exordium of what I promise shall be a brief discourse, perhaps it will be well to cease for the present, and commence the pith of the matter in your next volume, for which we wish all the success it deserves—and that's saying a good deal.

ERIE, *Aug.* 9, 1852.

IN *The Boston Medical and Surgical Journal*, vol. xlv. pp. 201, 274, 282, attention is called to the employment of pumpkin seeds in the treatment of tape-worm. From the following article, which appeared originally in the *Journ. de Méd. de Bordeaux*, it would seem that attention was long since called to the remedy in the French journals, and that a success has attended its employment which warrants further investigation. It is strongly in favor of the remedy that the attention of medical

men should be almost simultaneously drawn to it on both sides the Atlantic. If observations are made upon it by our readers, we trust they will report the result.

Paste made from Pumpkin Seeds in the Treatment of Tænia.

Translated from the French, by S. W. BUTLER, M. D.

WE have often repeated that our indigenous materia medica is not as meagre as is made to appear, and if we employed in its study the care which we bestow upon that which commerce brings us at great expense, this truth would not need to be repeated. Here is an example. It is more than thirty years since the *Journal Universel des Sciences Médicales* described the good effects which Dr. Mongeny had obtained in cases of tænia with a paste composed of ninety grammes (about 3½ ozs.) of fresh pumpkin, and double that quantity of honey, given in three doses an hour apart. By this means, this physician had constantly succeeded in dislodging the tænia in the course of six or seven hours, even, in many cases after all the remedies then known had failed.

This result was sufficiently important, and the innocuity of the medicine incontestable enough to have provoked an extended trial, but observations upon it have only been made by the practitioners of Bordeaux. In 1845, Dr. Brunet pointed out to his colleagues of the Medical Society, the remarkable results which he had obtained by the use of pumpkin seeds, and since that time many of his brethren have cited numerous cases of expulsion of tænia by the employment of this remedy.

At Bordeaux, the paste is prepared with forty-five grammes (about 1¾ oz.) of the hulled seeds of the large pumpkin (*cucurbita maxima*) with the same quantity of sugar.

Here is another proof of the success of this remedy. A physician suffered for two years, almost constantly, with pains in the lumbar region, and with general lassitude; the least labor fatigued him greatly. This state had discouraged him, and made him fear an affection of the nervous system. Having perceived that he discharged living white worms, resembling pieces of flattened dog's grass (*chiendent aplati*), of the length

of an inch, or nearly, and although he distinguished in them a perforation, and not the slightest trace of articulation, he thought himself affected with tænia. In accordance with the advice of M. Saramea, he took, at eleven o'clock at night, thirty grammes (about an ounce) of pumpkin seeds, mixed with one-third the quantity of sugar. The next morning—twelve hours after—having taken a simple injection, this physician passed seven metres (a little more than seven yards) of tape-worm. We cite this case simply to set forth the efficacy of the means employed; and we must here mention that, in the discussion brought forth by this fact, Dr. Brunet said he had employed this remedy twenty-five or thirty times with success since his first communication to the Society. M. Saramea has also succeeded in a great number of cases, but he has been obliged sometimes to employ the remedy a second or even a third time. This physician cites two cases in which the root of the pomegranate, and even the kousso, had failed. It is not necessary to believe, however [in regard to the remedy in question], that no instance of failure may occur. M. Brunet and M. Costes have pointed some out, and they have asked, with just reason, if these various results may not be consequent upon the species of tænia treated. This remedy has seemed sufficiently efficacious to warrant the Society in entertaining the proposition of one of its members, to address a note to the National Academy of Medicine, with the request to order its insertion in its proceedings, and ultimately in the *Codex*.

This communication will, we doubt not, be received favorably by the Academy, and we would hold it up as an example worthy of imitation—as occasion offers—by other societies!

BIBLIOGRAPHICAL NOTICES.

God in Disease; or, *The Manifestation of Design in Morbid Phenomena.* By JAMES F. DUNCAN, M. D., Physician to Sir P. Dun's Hospital, Dublin. Philadelphia: Lindsay & Blakiston, 1852, pp. 232.

THIS is an interesting book treating of a novel subject; and one from which much instruction may be gained. The author claims originality for the view he has taken of disease, as well as for the manner of its presentation, to which we suppose he is fairly entitled. His object is to show that disease is the effect of design on the part of Him who doeth all things well; not only in its numerous varieties, but in its symptoms and modifications of symptoms. It is supposed to be the direct result of an intelligent cause, and, being such, in all its course can be traced constant evidences of the goodness, mercy, and wisdom of its Author and Disposer.

With such a theme, and a mind apparently well stored with useful and practical facts, the author could hardly help making his work not only attractive, but valuable. We believe the well-disposed physician may glean from it many important hints that will serve him in the round of his duties, and afford him probably the means of suggesting to his patients thoughts and hopes, the indulgence of which may render them happier in their afflictions, by aiding them to look with confidence to the great Physician whose hand is ever ready to dispense that balm and consolation to the spirit, which is so needful in many cases to the restoration of the disordered physical system. The book ought to be read.

The Principles and Practice of Surgery. By WILLIAM PIRRIE, F. R. S. E., Regius Professor of Surgery in the Marischal College and University of Aberdeen; Surgeon to the Royal Infirmary, etc. etc. Edited with additions by JOHN NEILL, M. D., Surgeon to the Pennsylvania Hospital, Demonstrator of Anatomy in the University of Pennsylvania, etc. Philadelphia: Blanchard & Lea, 1852.

THE work before us contains 784 pages and 316 engravings. It has 25 chapters devoted to the discussion of various surgical diseases, beginning with inflammation and its results. Wounds, Fractures, Erysipelas, Diseases of the Joints and Osseous System, Affections of the Arteries and Veins, Calculous Disorders and Affections of the Genito-Urinary System, Amputation, Tumors, and Diseases of the Eye and its Appendages are separately considered and illustrated. The engravings are on wood, and represent with fidelity, so far as we can judge, and have had opportunity to examine them, the various disorders which they are designed to illustrate. The author has recently introduced some new views on the subject of pathology, which from his position and experience entitle them to weight and consideration; while our friend, the editor, has added new illustrations, with a few articles intended particularly for the American student and reader. We need say no more of the work, having attempted to define its outline.

EDITORIAL.

DEATH OF PHYSICIANS IN PHILADELPHIA.

WE are again called upon to note the mournful fact, that the ranks of our profession are being stripped of some of its most

promising and useful members. But a short time has elapsed since the death of the lamented

JAMES B. ROGERS, M.D.,

of the University of Pennsylvania. Dr. Rogers was one not engaged to any considerable extent in the practice of medicine. He was a naturalist and chemist, and devoted the most part of his life to this department of science. He had reached the zenith of his ambition, being honored by the University with the appointment of Professor of Chemistry, which office he filled with dignity and success, when he was cut down as the flower of the field, in the midst of usefulness and the pride of his just matured and developed powers. He was an animated and attractive lecturer, mild and dignified in his demeanor to the class, affable in his intercourse with all, generous and noble in his affections; while it is believed he endeavored to cultivate the Christian virtues during life, as in death he quietly resigned himself in simple faith to the will of Him who called him from earth to heaven.

GEORGE STEWART, M. D.,

was just stepping from the threshold of his early professional life to the more public arena of usefulness, as he too was stricken down, at the age of thirty-seven, and called to his final account. He enjoyed the esteem of his professional friends, the confidence of a large circle who sought his counsels in the hour of sickness and sorrow, and is mourned by those among whom he lived. How true that, "here, we have no continuing city."

We have also to notice the death of

G. W. PATTERSON, M.D.,

of the Northern Dispensary of Philadelphia. He fell a victim of pulmonary consumption, which had for some years past warned him of his approaching end. His urbane demeanor towards all, and particularly his gentle care of the poor who came under his notice at the dispensary, earned for him a name, which, while it may not be ranked among the great of this world, has no doubt

been recorded among the good who inhabit the world above. He was a valuable correspondent of the *Reporter*, and had his life been prolonged would probably have furnished a series of articles on various diseases treated under his official charge. His life was useful; his end was peace.

It will not perhaps be expected of *us* to say much of

ISAAC PARRISH, M. D.,

whose sudden removal has cast a gloom over a large circle of friends, and, indeed, over the whole community in which he lived. He was too well known and too much valued to be forgotten; and while no words of ours are needed to perpetuate his memory, we may be permitted to record here a simple tribute of fraternal love. He was our brother; and in his earnest devotion to the profession and all its interests, we cannot but remember the kind and fostering care with which he watched even our steps in the early dawn of our professional existence, and freely offered a brother's counsels to guide and guard the reputation, while he presented in his own example lofty principles and generous Christian motives and objects as the only true safeguard to character, and the only means of acquiring honorable distinction. Moved by such impulses, he secured the confidence of the profession, the esteem of the community, the affection of his patients, and that inward peace and joy which consoled him in the hour of death. In life he bore the Christian's cross, and now he wears the Christian's crown.

ON THE TREATMENT OF HOOPING-COUGH.

THIS distressing and frequently fatal complaint has too often been treated empirically by even scientific physicians. Its pathology is undetermined, hence the uncertainty in its treatment. We have once or twice noticed a mode of treatment recommended, we believe, by Dr. R. L. Madison, of Petersburg, Virginia, which is simply the application of a blister to the nucha, on the theory that the disease consists in specific irritation of the spinal cord from the origin of the eighth pair down to the origin of the phrenic nerve. Be that its pathology or not,

Dr. Madison and others in Virginia treat the disease very successfully by the means mentioned above. We learn, too, from an esteemed correspondent, that he also, since seeing Dr. M.'s article, has resorted successfully to the same mode of treatment. Another plan of treatment apparently different from the above has been resorted to successfully by many, and been favorably noticed in this journal from personal experience. We refer to the employment of conium, recommended by Dr. Golding Bird, in the following form: ℞. Ext. conii gr. xij, alumen gr. xxv, syrup. papaver. f℥iij, aq. fœniculi f ℥iij. M. S. A dessert-spoonful every four or six hours. And, to confirm Dr. Bird's experience of the efficacy of conium, we find in a French journal the report of several cases in which Dr. Spengler employed *conia*, the active principle of conium, very successfully in the dose of one-fortieth to one-tenth of a grain for children from three or four months to as many years old. We had translated Dr. Spengler's cases for the *Reporter*, but have concluded to dispense with their insertion for the present. Now, how shall we reconcile the action of the two methods of treatment recommended, or can they be reconciled? We think they can. A blister applied to the nucha relieves any congestion of the spinal marrow that may exist there, and thus moderates nervous action on the principle of revulsion. Partial paralysis and numbness are spoken of by writers as having resulted from applying dry cups to the spine. Conium or conia taken internally, according to Christison, "acts upon the spinal marrow, directly prostrating the nervous power, and thus producing paralysis of the voluntary muscles, which, invading the organs of respiration, destroys life by arresting this process." Others think that it directly diminishes the action of the heart. The sensation of numbness and muscular debility which follow its administration when given so as fully to affect the system, are, we think, evidences of its action on the spinal marrow. In either case there seems to us to be evidence that the spinal cord is at least indirectly acted upon.

At all events, there seems to be such strong evidence of the utility of both plans of treatment as to render them worthy of trial. Would not the application of dry cups instead of blisters meet the indication as well? S. W. B.

APPOINTMENT.

We notice the appointment of Prof. *Robert E. Rogers*, of the University of Virginia, to the chair of Chemistry in the University of Pennsylvania, made vacant by the decease of his brother, Dr. James B. Rogers. A good selection.

PROCEEDINGS OF MEDICAL SOCIETIES.

Extract from the Minutes of the Annual Meeting of the District Medical Society of the County of Monmouth, held at Freehold, April 26, 1852.

The President, Dr. Robert Laird, in the chair.

Present eleven members. The minutes of the last meeting were read, adopted, and directed to be recorded.

The President read an address on the Rise and Progress of Medicine.

Drs. J. W. Lewis and R. R. Conover were admitted as members.

Resolved, That two delegates from this Society be appointed to attend the meeting of the American Medical Association at Richmond, Virginia, in May next.

Drs. J. S. English and A. B. Dayton were appointed as delegates. Drs. E. Taylor and Wm. A. Newell were appointed as their alternates.

Dr. A. B. Dayton read a communication on Mollities Ossium.

Resolved, That this Society highly approve of the *New Jersey Medical Reporter* as a journal of medicine, and would recommend it to the patronage of its members.

The following officers were then chosen for the ensuing year: Drs. J. P. Lewis, *President;* R. R. Conover, *Vice-President;* D. Polhemus, *Recording Secretary;* and E. Taylor, *Treasurer.*

The delegates to represent this Society in the State Medical Society for one year were elected as follows, viz.: Drs. J. Vought, J. T. Woodhull, C. C. Blauvelt, and R. W. Cooke.

Dr. Wm. H. Hubbard was admitted as a member of this Society.

The Censors, Drs. J. S. English, E. Taylor, Wm. A. Newell, and D. Polhemus, then organized, when A. T. Pettit, M.D., of

Shark River presented himself, and after an investigation of his credentials, and a full and satisfactory examination of the candidate, received their certificate of the same, upon which he was admitted as a member of this Society.

The Finance Committee made their report, after which the Society adjourned to meet at their usual time and place.

D. POLHEMUS,
Secretary.

EDITOR'S TABLE.

SEVERAL works received since our last are noticed under the appropriate head.

What has become of Dr. Green's work on *Polypi and Œdema of the Glottis?* It has not been received. Was it sent to any of our agents? We ask, because we have been informed that a copy was sent.

"*Nelson's Northern Lancet.*" We must respectfully decline any further exchange or communication with this journal until it is prepared to pursue a course different from what it has of late. Month after month we find it filled, in both the editorial and correspondence department, with vituperation and abuse of honorable members of the profession in different sections of the country. We are sorry it has thus forsaken the legitimate path of a journal devoted to the interests and advancement of a benevolent science, and sold itself to a course calculated to degrade that science in the eyes of its enemies. We are sorry, too, to find (admitting the fairness of the *Lancet's* "correspondence" list), that so many have found their way into the profession who, by anonymous communications, are ready to uphold it in so disreputable a course. The loss of such men from the subscription lists of journals legitimately devoted to the interests of science is a *gain* rather than a loss.

We take it that the horde of anonymous contributors to the

Lancet are graduates principally of the University of the city of New York, and hope, for the prosperity of that institution, that that journal is not a "by authority" defender of its acts and doings.

We find a number of Addresses, Announcements, &c., on our table, which go to show that the various colleges are arming themselves for the fall campaign. Would that we felt assured that the bright escutcheon of medical honor would come out of the battle unscathed in the competition that will take place! In the list of requirements of the St. Louis University is the following, which we commend to the favorable notice of the faculties in other colleges :—*

5th. And that he publicly assent to the following promise, prior to the conferring of the degree, viz. :—

"You, A. B., do solemnly promise that you will, to the utmost of your ability, exert your influence for promoting the welfare and respectability of the profession; that you will demean yourself honorably in the practice thereof; that you will not put forth any nostrum or secret method of cure, nor engage in any other species of quackery; and, that you will not publish any matter or thing laudatory of yourself, or derogatory to the profession; and in the conferring of this degree, it is done with the express understanding that the Faculty reserve to themselves the right and privilege to revoke said degree whenever the promise here made shall be violated."

Transactions of the Belmont Medical Society for 1851–52. Belmont is the name of a *County* of Ohio, and its printed Transactions give evidence of the fact that they have a real *live* medical society there. We are glad of this proof that our profession has some *working members* in Ohio. In organization and co-operation we have our surest weapons in the warfare with the hydra-headed monster quackery.

Our readers will perceive that we have drawn on the "Transactions" for the pages of the *Reporter.* *

* See an article by Dr. S. S. Brooks, at page 45 of the present volume of *The New Jersey Medical Reporter.*

ECLECTIC AND SUMMARY DEPARTMENT.

Strumous Ophthalmia, connected with Suppression of the Menstrual Secretion—a Case reported to the Belmont Medical Society, January 1, 1852. By Dr. Joseph Hewetson.—On the 18th March I was called to see M. A., aged 19, affected with strumous ophthalmia and nebulous opacities of the cornea. She had suffered repeated attacks of inflammation of the eye, which had induced the nebulous opacities occupying the central cornea. It is the nature of strumous affections, to recur frequently, though apparently removed, and, in the present instance, the attack was rather severe; she suffered great intolerance of light; there was considerable redness of the conjunctiva, and fasciculi of congested vessels were seen running over the cornea, and terminating in the opacities produced by former inflammations. Great intolerance of light is considered one of the most striking characteristics of strumous inflammation. In this instance, although the patient was quite willing to open the eye, and submit to the trial, she could not bear the light for an instant—pulse 87, and sharp—tongue slightly coated—bowels constipated. Besides the ophthalmic affection, the menses had been absent for three months: this circumstance, coupled with a rather prominent, respectable state of the abdomen, induced me to inquire whether there might not be some natural cause or other to account for the suppression; but it turned out that my suspicions were erroneous; the suppression, nevertheless, was concerned in the support of the ophthalmic disease, and accordingly received its share of attention.

Treatment.—She was bled from the arm, and submurias hydrarg. with tartrate of antimony given, every four hours, till the bowels were freely purged. On the 20th she was cupped on the temples, and placed on milk diet; on the 22d she was again cupped, as also on the 24th and 26th, and she was directed to rub in the tart. em. ointment behind the ears and on the back of the neck. She was subsequently twice cupped, and used active aloetic purgatives, occasionally combined with the submuriate; these means were followed by the return of the menstrual discharge; soon after which the pain and redness of the eye gradually abated, and a cure was effected.

Remarks.—First. It is a very common doctrine that scrofulous affections are diseases of debility, and that in their treatment the object should consequently be not to depress but to strengthen. Among the poor, and those that are continually exposed to the depressing causes, insufficient or noxious food, and the want of necessary clothing, there are certainly not a few cases of strumous ophthalmia, which to a certain extent sustain this opinion; but on the other hand, there are many instances of the disease, in which, at the same time, the causes are different, and an opposite treatment must be observed. Again, in the treatment of scrofulous inflammations, the counter-irritant practice is often of special service. In the natural course of these diseases, we find that on the retrocession of one inflammation another appears; that when a second part becomes affected, the first is relieved. The mode of operation by counter-irritation is thus sufficiently explained. And lastly; the return of the menses, followed with the gradual abatement of the pain and redness of the eye, shows that the suppression of the menstrual secretion was connected with the ophthalmic disease.—*Trans. Belmont Medical Society.*

[We take the following "Rules" from an able review on the subject of Anæsthesia, which we find in that able and well-conducted Quarterly, the *British and Foreign Medico-Chirurgical Review*, republished in this country by S. S. and W. Wood, 261 Pearl Street, New York.]

Anæsthesia; the General Indications and Contra-indications to their Use.—Anæsthesia is generally indicated wherever there is much pain or *great* muscular resistance to be overcome. By overcoming pain, it has caused many operations which used to be as rarely performed as possible, to come more in the way of the surgeon: the removal of nails, and the operation of the actual cautery, need no longer inspire horror to the operator or to the patient. With the view of removing muscular resistance, its use has become general in the reduction of dislocations and the operation of the taxis.

The observations of M. Bouisson appear to us here, on the whole, so just and so truly eclectic, worthy in that respect of the reputation for critical talent which the school of Montpellier has long enjoyed, that we shall follow his exposition pretty closely. He commences by remarking, that the sources of the contra-indications to the use of anæsthetics are very numerous and various, although the sum of cases in which these agents ought not to be used, is very insignificant in proportion to the immense number in which they can be employed with perfect safety and advantage. He recommends that anæsthetic agents should not be used before the expiring of the first six months of life; and that only ether should be given up to the second year, reserving chloroform for the epoch when the vital powers have acquired more energy; and, for a similar reason, he prefers the former agent after the seventieth year. He would, then, only employ ether up to the eightieth year, at which he considers that anæsthesia ceases to be applicable in any shape; not because there is absolute danger in departing from these general rules, but more prudence in obeying them. With regard to morbid states:—

"Diseases of the nervous centres, and of the lungs and heart, contra-indicate the employment of anæsthetic inhalations, when the physical or functional lesion is advanced to a certain degree. This degree can only be determined by the sagacity of the practitioner. A simple catarrh would not oppose the practice; but it would be dangerous to have recourse to it in phthisis, with spitting of blood; a slight hypertrophy of the heart would not be a sufficient contra-indication: but anæsthesia should be renounced if the heart-affection were accompanied with irregularity and intermittence of the pulse. A recent nervous affection, far from being aggravated by etherization, might be ameliorated; an old nervous affection with a tendency to syncope, might be a source of the greatest danger. It must be understood that the appreciation of these differences is the province of the operator. Here we can only establish some general principles.

"Ether, then, and especially chloroform, should be renounced in the following cases:—

"1st. In patients extremely weakened by hemorrhage, or by a spontaneous chlorotic anæmia.

"2d. In epileptic patients, and hysterical persons with weakened constitutions.

"3d. In individuals who appear very much disposed to cerebral congestions, or who have softening of the brain.

"4th. In those who are very subject to fainting fits.

"5th. In such as are disposed to hæmoptysis, or to pulmonary apoplexy.

"6th. In those who have organic lesions of the heart and great vessels, with feebleness and intermittence of the pulse."

We would add, those who have *very great dread* of the anæsthetic influence; since in some of the fatal cases, and in the one which recently occurred at Strasburgh, this appears to have been present.

How far we are to be guided by contra-indications will depend, not merely on the extent to which these exist themselves, but also on the nature of the operation to be performed. It would be absurd to run the same risk, for the sake of saving a patient from the pain felt in the extraction of a tooth, that it would be right to run in amputation of the hip-joint! Thus, we have a sort of compound relation to consider, between the benefit to be received and the probable danger incurred.

As far as regards the circumstances in the operations themselves, which may influence our use of anæsthetic agents, M. Bouisson ranges them under the following categories:—

1st. Operations which are of short duration, and where the pain to be endured is trivial.

2d. Operations which require the active participation of the patient. For example, in several operations on the anus and rectum, the surgeon is assisted by the efforts which the patient is desired to make, and by the attitude which he maintains, as in excising or tying internal piles. In the extraction of foreign bodies, also, which have penetrated into the tissues, it is often useful for the patient to take a posture similar to that which he had at the time of the accident.

3d. Operations where the sensibility serves as a guide to the operator. Some objections have been made under this head without sufficient foundation. M. Lallemand, for instance, expressed his fears that in tying arteries a neighboring nerve might be included in the ligature, on account of the absence of the usual sensation during the anæsthetic state. But there are few arteries where such a mistake is likely to occur; perhaps the only one being the subclavian, on account of the numerous nerves of the brachial plexus surrounding it, and its liability to anomalies of position. Lithotrity has with more reason been enumerated as subject to the objection, on account of the possibility of piercing the walls of the bladder without the consciousness of the patient. On the continent, the opinions of surgeons have been much divided on this point. According to M. Leroy d'Etiolles, etherization is specially beneficial in lithotrity, when the calculus is contained in a bladder whose walls are enlarged, and whose muscular fibres are thickened, and, as it were, embrace the stone. Here anæsthesia, he thinks, promotes a relaxation of the walls, and, by disengaging the stone from pressure, renders it more easily seized. But in such bladders we are also more liable to pierce the walls by the instruments used. M. Serre, of Montpellier, for this reason and others, opposes the practice of anæsthesia in this operation; and relates the case of a custom-house officer, who had already been subjected to lithotrity, upon whom it was impossible to operate under the influence of ether, but who was successfully operated on afterwards when not etherized. On the other hand, M. Bouisson mentions the case of a female, in whom there was much general nervous excitement and irritation of the urinary passages, and in whom anæsthesia was employed during the operation of lithotrity with obvious benefit. And M. Amussat has given the cases of several old men who had severe attacks of cystitis, after lithotrity had been performed without ether, and were free from any such affection after having been etherized in other operations. In this country, also, opinions are divided on this subject. Dr. Keith, in a communication on the *Edinburgh Monthly Journal*, where he reports an interesting case of lithotrity, says—

"The influence exercised by the chloroform was altogether beneficial. Usually, the sphincter of the bladder is so tightened by the patient's fears

and struggles, that the movements of the instruments are very much impeded, the delicacy of touch needful in detecting small fragments quite destroyed, and a painful resistance offered to the withdrawal of the instrument, especially if that chance to be a scoop well filled with the debris of the broken stone. But under chloroform, fears are at rest, the bladder insensible, and the sphincter quite relaxed.*

He proceeds to refer to other advantages. At a meeting of the Medico-Chirurgical Society, when Dr. Keith read his paper previous to its publication, Mr. Syme is reported to have said, that he "feared the consequences likely to result from the performance of lithotrity on insensible patients by operators less expert than Dr. Keith;" and from a recent communication in the *Lancet*,* we find that he still retains this opinion. In general, it may be remarked, lithotrity is not a very painful operation; sometimes anæsthesia may be useful in injecting the bladder, and introducing the apparatus where there is much irritation, but the chief pain is encountered during the expulsion of the fragments.

4th. There are some few operations where the object is the production of pain. Such are the cases in which moxa or other means of counter-irritation are used, in order to rouse the sensibility of the spinal cord or of the limbs, not simply to produce inflammation.

5th. Operations performed in cases where there exist previous causes of torpor and insensibility. In the operation of trepanning, for instance, the patients are often plunged in coma, or nearly insensible to pain; in such cases it would be, to say the least, superfluous to have recourse to anæsthesia.

The Radical Cure of Reducible Hernia, by Injection. By Jno. Watson, M. D.—I do not propose just now to go into the whole merits or demerits of this operation, a task which has been assigned to other hands, and which has already been in some degree achieved, by one of the Committees of the American Medical Association (see their report in the Transactions for the session of May last). My only object is to give the details of a single case treated in this way, in connection with such hearsay information as I have been able to collect concerning the operation in other quarters.

The procedure now under consideration, if I am not mistaken, was first brought into notice through an irregular channel, by a certain Industrialist, of New England. But the first notice I remember to have seen of it, was in Professor Pancoast's *Operative Surgery*. In July, 1848, my attention was for the second time called to this subject, by a gentleman under my care for the treatment of varicocele, who, a year or more previously, had undergone an operation for the cure of a reducible hernia, by what he described as a trifling process, and with complete success. He spoke of it as a simple puncture, which subjected him to very little uneasiness; and assured me that he was cognizant to the cure or relief of other individuals, who had been treated like himself, by a practitioner of Boston. I subsequently ascertained, that the instrument with which this individual operates, had been prepared by a cutler of this city; but on inquiry I found that it had been patented by the operator, and was, consequently, to be used only by himself. As I had made inquiry for it, with the view of employing it on a case then in hand, I could not but feel indignant that any practitioner claiming to belong to the regular profession should have thus prostituted his noble calling to mercenary ends; but believing that no special form of patent instrument is essential for the making of a puncture, or for introduc-

* Edinburgh Monthly Journal of Medical Science, April, 1848.
† Lancet, Jan. 31, 1852.

ing an irritating fluid beneath the integuments through this, I attempted in my own way to get along without it, as in the following case:—

Joseph A. Seavell, of Ohio, seaman, aged 31, was admitted into the New York Hospital, Nov. 24, 1851, with a large inguinal hernia, occupying the left side of the scrotum, which had been then protruding for several hours, and had resisted several well-directed efforts for reduction. The patient for the last four years had been occasionally troubled by the protrusion, but had never before been baffled in his efforts to reduce it; and by the use of a truss he had been able to follow his regular occupation. With some little trouble the tumor was reduced by taxis, soon after his admission; and on the 29th of November, having explained my object to the patient and obtained his consent, I attempted to effect a radical cure of the hernia.

While the patient was lying on his back, with his scrotum and left spermatic cord drawn slightly towards the right side, and with the integuments over the left external abdominal ring slightly on the stretch, I introduced the point of a delicate bistoury through the integuments, directly down to the crest of the os pubis, the point of the instrument touching without dividing the lower termination of Poupart's ligament, and made to work freely in the loose tissue immediately in front of the ring, but without wounding the spermatic cord. Having made the puncture and withdrawn the bistoury, the nozzle of a small syringe charged with tincture of cantharides, was introduced through the wound, and about a drachm of this fluid injected into the bottom of the cut, the hand of an assistant, in the meanwhile, resting firmly over the inguinal canal to prevent any portion of the injected fluid from entering this, or passing through the sac into the abdomen.

The whole procedure was the work of a few seconds, and gave the patient little or no uneasiness. I next applied a compress and spica bandage, to keep the parietes of the inguinal canal in close apposition, and administered an anodyne, keeping the patient on his back, with directions to apply an evaporating lotion, should severe inflammatory symptoms supervene.

In a few minutes after the operation, he began to speak of pain from the injection. The sore became more troublesome, and extended for several inches in every direction, but was severest along the ascending track of the spermatic cord. He slept but little during the following night; but next morning the pain had subsided, a slight soreness only remaining in the part. The patient was at the same time suffering from chancres. I made the treatment of these the pretext for keeping him on his back with the compress and bandage applied as above, for several days. He spoke of no uneasiness from the operation after the second day. On the 12th of December, he was walking about without his truss, and with no apparent tendency to a recurrence of the hernial protrusion. On the following day, being desirous to join his vessel which was about to sail for South America, he requested his discharge, promising to write to me, and report the further progress of his case, should the swelling reappear—and, if possible, to report in person, at the close of his voyage. But, as yet, I have not heard of him.

The operation in this instance had evidently a beneficial effect, and I am not certain, that it may not have effected a permanent cure. I am not disposed to believe that any portion of the injected fluid entered the hernial sac; but by exciting inflammation around this within the column of the external ring, and the subsequent condensation of tissues, which is so apt to follow acute inflammation, we can readily imagine that this procedure may, now and then, effect an object which we have hitherto sought in vain to effect by other and severer measures.—*New York Medical Times*, August, 1852.

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Nævus of the Scalp treated by Tartar Emetic.—Anne Shellard, aged nine months, was admitted into the Queen's Hospital, under the care of Mr. Sands

Cox, February, 1851, on account of a nævus situated over the right parietal bone, about the size of a half-crown piece. The mother stated that a slight discoloration of the scalp was observed at birth; that it remained stationary for some time, but eventually began to increase, and had during the last two months attained its present size. There was no pulsation evident in the tumor, which was of a bluish cast, and slightly raised above the adjoining integument. The child's general health was good, and all the functions regular; but a branch of the temporal artery was enlarged, and could be traced almost into the diseased parts. On the third day after admission, Mr. Sands Cox ordered the potassio-tartrate of antimony to be applied, which was accordingly done. In two days, the application having been several times repeated, the whole of the discolored portion was converted into a pustular mass, and this with but little or no inflammation or irritation of the scalp. Poultices were now applied, and in the course of a week there was a healthy granulating surface, which cicatrized entirely three weeks afterwards. The patient left the hospital without any appearance of returning disease, and some time after continued quite well.—*Prov. Med. and Surg. Journal*, from *Southern Medical Journal*, August, 1852.

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[The following extract from a foreign Journal, which we find in the *Medical News*, shows that the "furunculoid epidemic," which has been so prevalent in this country for the past two years, is also very prevalent and even fatal on the other side of the Atlantic.]

The Prevailing Furunculoid Epidemic.—Mr. HUNT read a paper on this subject at a meeting of the Epidemiological Society, July 5, 1852. This epidemic consists of an eruption of boils, carbuncles, whitlows, pustules, and superficial abscesses. The object of the author (who undertook the task at the special request of the president) was to call the attention of the Society to the existence of such an epidemic, and to show that it was sufficiently important to call for investigation. He first described the epidemic as he had seen it in his own practice; and then alluded to the historical notices of its existence to be found in the periodicals, and to the accounts which had reached him, in various ways, from all parts of the world, from which it appeared that it had occurred simultaneously in the four quarters of the globe. He had traced it to many towns and counties of England, both inland, and on the coast—to the Isle of Wight, to Scotland and Ireland, to France and Austria, to the East and West Indies, to the United States of America, and to the south of Africa. It appeared likewise that the epidemic, although it had spent its strength chiefly on the asthenic portion of society, had attacked also a few individuals of all classes; and that all kinds of eruptive diseases were showing a remarkable tendency to pustulation and suppuration of an asthenic character. The author had not been able to ascertain the proportion of the population affected; but, from the facts adduced, there appeared reason to believe that not much fewer than twenty per cent. were more or less affected with it. At the Western Dispensary for Diseases of the Skin, twenty-one per cent. were attacked—two per cent. with carbuncles, eight per cent. with boils, nine per cent. with pustules, two per cent. with subcutaneous abscesses. The onychian form of the disease had not presented itself so frequently of late. The author then endeavored to trace the progress of the disease, by the exhibition of tables showing the deaths from carbuncle in the Metropolitan Districts, extracted from the annual and weekly reports of the Registrar-General for the last twelve years, from which appeared the following very remarkable results:—

Deaths from Carbuncle in the Metropolitan Districts from 1840 *to Midsummer* 1852.

1840, '41, '42, '43	average 3½ per annum.
1844, '45, '46, '47	" 8 "
1848, '49, '50, '51	" 18 "
Last quarter of 1851, 9 deaths	rate 36 "
First quarter of 1852, 16 deaths	" 64 "
Second quarter of 1852, 5 deaths	" 20 "

Single Years.

In 1846 were registered	3	deaths.
1847 "	15	"
1848 "	20	"
1849 "	15	"
1850 "	19	"
1851 "	19	"
1852 (six months)	21	"

Single Months.

In January were registered	8	deaths.
February "	4	"
March "	4	"
April "	3	"
May "	none.	
June "	2	"

These tables show that the deaths from carbuncle have been doubled every four years since 1840, and that the increase commenced rather suddenly, so early as the year 1847. The epidemic appears, therefore, to have existed in London four years, and to have arrived at its full height in January, 1852. Other diseases tending to pustulation and superficial suppuration, were shown to have also prevailed in a most extraordinary degree. Thus the deaths from phlegmon were reported to have nearly trebled their usual number during the last few years; and the fatality from smallpox and pustular diseases has likewise been nearly trebled of late; in the years 1840, '41, '42, and '43, having averaged 771 per annum, and in the last three months amounting to 472, or the rate of 1888 per annum. Mr. Hunt expressed his belief in the existence of some analogy between the two epidemics, which he could not attempt to explain. He concluded by suggesting a mode of fortifying the system from the invasion of the carbuncular cachexy.

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Lemon-Juice in Acute Rheumatism. By T. D. Lee, M. D., of New York. Case I.—William Coleman, fifty-one years of age, has had frequent and severe attacks of acute rheumatism for the last fourteen years.

April 30, 1852.—Patient has not been able to remove from his bed for the last four weeks; and he is unable to sleep by night on account of acute pain; his hands, knees, and feet are very much swollen; and he is constantly growing worse. Patient has heretofore had attacks which have lasted three or four months. At 8 o'clock, P. M., patient commenced taking lemon-juice, fresh from lemons; a tablespoonful in twice the quantity of cold water with a little sugar, every hour.

May 1, 9 o'clock A. M.—Patient sitting up endeavoring to shave himself. Says he feels better in every respect, and has slept quietly for four hours,

which he has not done before for four weeks. Has taken six ounces of the juice. Same regimen to be continued as before.

2*d*. 9 o'clock A. M.—Patient has slept well during the night, and is sitting up eating his breakfast. Six ounces taken. Says "lemon-juice goes right to the spot."

3*d*. A. M.—Free from pain, and only complains of soreness in his feet. Same quantity as before.

4*th*. Still improving, having taken six ounces regularly.

5*th*. Comfortable, and taking the same quantity of lemon.

6*th*. Doing well, still taking the same quantity of lemon, having no disposition to leave it off.

7*th*. Patient is able to walk about his room, and does not speak of any pain. Lemon continued.

8*th*. Patient complains only of weakness in walking. Lemon-juice discontinued, not having disagreed with the stomach or bowels in the slightest degree.

9*th*. Patient sleeps well by night; has a good appetite, and is fast gaining strength.

10*th*. Patient is only waiting for fair weather to go out.

Case II.—Mrs. P., seventeen years of age, has had frequent attacks of acute rheumatism for the last seven years. She is affected with enlargement of the heart. Patient is confined to her bed, and is unable to move or sleep on account of the severe pain she suffers; and wishes to have something prescribed to make her sleep. Patient was advised to try lemon-juice for twenty-four hours, before using any other remedy; to this she assented. Remedy commenced at 10 A. M., as in Case I.

May 2*d*. Patient has slept well, and has much less pain and soreness.

3*d*, 4*th*, and 5th. Improving. Continue lemon as before.

6*th*. Free from all appearance of the disease. Lemon discontinued.

7*th*. Patient walked out. Continues free from the disease. In this case, as in Case I., there appears to be a flexibility of the joints, unusual in recoveries after other modes of treatment.

In a third case similar to Case I., the lemon appeared to be equally beneficial. In two other cases, one subacute, the other chronic in type, the lemon-juice had an equally good effect.—*N. Y. Journal of Medicine.*

On the Action of the Ergot of Rye, and the Employment of its Aqueous Extract, in Internal Hemorrhage. By Dr. Arnal.—Dr. Arnal, as the result of extensive clinical and experimental observation, states that the *aqueous extract of the secale cornutum* possesses great power as an hæmostatic in internal hemorrhages. From his experience in employing it, and from numerous experiments he has made upon poultry, by giving every variety of preparation and dose of the ergot, he comes to the following conclusions:—

1. The ergot of rye contains a poisonous principle, productive of death, but by no means so energetic as usually represented.—2. Given in the entire grain it acts much less energetically than when powdered.—3. Recent ergot does not act more efficiently than older; but, on the contrary, this last is sometimes the more active of the two. In order to produce a *summun* of effect, it is necessary for it to undergo, in the vessels in which it is kept, a peculiar change, which softens it, and imparts to it an odor *sui generis*. Thus it should not be ordered to be powdered just before using.—4. Much greater effect is produced by a certain quantity, in fractional doses, than when given only at twice, probably because less escapes the influence of the digestive organs; one of the effects of divided doses is to produce a loss of

feathers; but in all his numerous experiments, both with large and small doses, Dr. Arnal has never met with anything analogous to the dry gangrene, said to be produced by ergotism in man; but which, seeing that ergot exerts a fluidifying effect upon the blood, he is disposed to attribute to other causes. —5. The ethereal oil of ergot has not proved fatal in his experiments as it did in those of M. Bonjean, and he attributes the issue of these latter to the fluid having entered the air-passages, when it proves rapidly fatal.—6. The watery extract does not contain poisonous matter, or it does so in such small proportions as to prove injurious only after prolonged use. The toxical principle thus insoluble in ether or water, is found in the residue, which kills animals just as the ergot does.—7. The ergot, however given, is very slow of digestion: and when given in excess, it produces lesions of the digestive organs. Some of these are found on *post-mortem* examination to resemble precisely those observed in typhoid fever, and the author exhibits a parallel of the symptoms of typhoid and poisoning by ergot.—8. The ergot modifies the composition of the blood, rendering it more diffluent; and if exhibited long enough, in divided doses, it will induce all the symptoms of scorbutus. Nutrition especially suffers from its deleterious action, as is seen by the rapid emaciation that takes place in the animals to which it is given. The aqueous extract exerts a much less modifying power upon the composition of the blood, than do the other preparations.—9. The ergot, in experiments made upon man, reduces the pulse by several beats for some hours; but even by repeated doses, Dr. Arnal has never known these reduced lower than forty-eight, even in the aged.—10. The beneficial effect which ergot exerts upon uterine hemorrhage, has led many to believe that its action is elective, as regards the uterus; but in thirty cases of other internal hemorrhages, in which the *aqueous extract* has been administered by the author, a cure has been effected, or, when the presence of organic disease prevented this, amelioration has been procured. It is, however, not so applicable in all forms of hemorrhage as in uterine. It is rare for active, idiopathic hemorrhage to resist its action for more than twenty-four or forty-eight hours; but when this has become passive, the remedy may even prove mischievous if it be continued too long, or the dose be too large. It is also inefficacious in subjects originally feeble, or exhausted by protracted disease. Even in subjects of good constitution, when given too long in large doses, it may produce bleeding of the gums, and an injurious depression of the circulation. In hemorrhage symptomatic of organic lesion, the ergot acts as a hæmostatic, but cannot prevent the return of the bleeding. Yet in the case of hemoptysis, dependent upon tubercle, it may act beneficially, not only by suspending or moderating the *molimen hemorrhagicum*, but also by moderating the inflammatory action of the portion of lung surrounding the tubercular deposit. In the same way, it has proved of constant service in acute bronchitis; and in pneumonia it has rapidly suppressed bloody expectoration, and moderated other symptoms. So well does the author think of it in this point of view, that when the patient's strength requires husbanding, and the pneumonia is not too extensive, he recommends commencing the treatment with the ergot, which, by its deoxidizing agency on the blood and retarding power over the heart's action, is an antiphlogistic, *par excellence;* the debilitating effects which attend other means being either not produced by it, or, if they should present themselves, ceasing on the discontinuance of the remedy. M. Arnal believes that the experiments of arresting traumatic hemorrhage by the local application of the extract, so favorably reported on by M. Bonjean, require repetition and extension to larger vessels.—11. Ergot in its native state is more active in its operation, but its watery extract is less dangerous.—12. M. Arnal takes the present opportunity of confirming the favorable accounts he formerly gave of the utility of

the extract in *chronic engorgements of the uterus.* Some of these cases, however, require a very prolonged perseverance in the use of the remedy.

Eighteen cases of hæmatemesis, epistaxis, hæmoptysis, &c., &c. are related in illustration. The following is the formula prescribed: Lettuce water ℥iv; gum-syrup ℥jss; aqueous extract of ergot 15 grains. A tablespoonful every hour and a half.—*Brit. and For. Med.-Chirurg. Review.*

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Scientific Medicine.—We are almost daily excessively annoyed by hearing the term Allopathy applied by physicians to what is termed sometimes the regular practice, and which should with more propriety be denominated Scientific Medicine. It ought to be known that this term is an invention of the enemy, for the purpose of placing scientific medicine in the position of a sect or section of medicine. By doing this, relative importance is given to what are claimed to be distinct systems in opposition to it. Now it is well known that the term Allopathy is not expressive of any *acknowledged* medical creed or belief among scientific physicians. It is a designation placed in our mouths no more applicable to us than the term homœopathy. Scientific medicine knows no such narrow boundaries; it is broad and expanded enough to embrace all medical truth within its ample fold. No resort need be had, in the investigation of medical knowledge, to any such appellations. They are clap-traps for the purpose of elevating quackery and degrading science. These pretended systems, to which distinct names are given, are merely *excrescences* on the body medical, without any adherence to the opinions expressed in their titles. They should be treated as such, as malignant parasites, whose object is to imbibe vitality from the main trunk, while professions of a distinct existence are held out to the public. They are only of value to scientific medicine in their decay, when they may result in adding something to it by exhibiting, perchance, a few positive and negative facts in the field of experience which, if valuable, will be absorbed by the profession. The garden of medicine may occasionally be enriched in this way by the decay of a noxious vegetation, which, during life, dared to raise its deformed specimens even among the choicest flowers, and claim a transient equality, by nominal rank, as genera and species in the same kingdom of nature. We hope the term scientific medicine will be adopted instead of one intended and calculated to degrade us; it is expressive of our creed, and therefore the most proper appellation, which is a sufficient reason for its use, to the exclusion of all others.—*Editorial in Western Lancet.*

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[The following article contains some very sensible remarks on an important subject, which, though familiar enough, probably, to our readers, may have the effect of inducing them to do again and again what they no doubt have very often done already—caution mothers and nurses with regard to some of their mistaken notions on the management of infants.]

Management of Infants. By M. A. Sawin, M. D.—I wish, through the pages of the Journal, to offer a few remarks upon the treatment of infants, being convinced that wrong management not only does much to swell the fatal list of infantile mortality, but that many of the diseases of after life may be traced to this prolific source. While statistics show that upwards of one-third of the human race die before reaching the age of three years, I think all will agree that it is a subject worthy the attention of each, and especially of the medical profession.

Some of the abuses to which infants are subjected have become so much a matter of custom, that a nurse will take it as an insult to her judgment,

and an innovation upon her rights, to suggest any alterations. No sooner is the little sufferer ushered into the world, than every device that perverted judgment can invent is put in requisition to hasten it away. Some stanch advocate for the new doctrine of hydropathy recommends the cold bath, with the sage remark that it will make it "robust and hardy." Accordingly the little delicate thing receives a cold bath, which suddenly checks the determination of blood to the surface, and sends it back in a powerful current to those delicate organs which are just commencing their feeble efforts to establish a separate existence. The pulmonary arteries, just opened to the sanguinary fluid which rushes through their tubes in torrents to be aerated, are illy calculated to resist this engorgement, and the child is in imminent danger of asphyxia; the internal organs are overwhelmed with an excess of blood, and congestion, irritation, and serious functional derangement are often the result. Then, as though nature was not fully competent for the performance of all her duties, she must be assisted with castor-oil, magnesia, molasses and water, or some nauseous drug, to cleanse the stomach and bowels, thus strengthening the foundation already laid for gastric and intestinal irritation, which is nearly certain to follow.

If the child is restless and fretful under this treatment, it is then surely hungry, but it must by no means be put to the breast, its proper and natural source of nourishment, until the third day. Oh, no! it must be fed with milk and water, arrowroot, or something of the kind; and if this does not quiet it, it will probably get some paregoric, or perhaps some laudanum, which will deaden its sense of pain, and produce the quiet of narcotism.

This is no exaggerated picture. That the infant is often subjected to all these abuses within the first twelve hours of its existence, is a well-known fact.

The dress of infants, also, in my opinion, deserves attention, as being a fruitful cause of infantile diseases. The absurdity of the practice of exposing the neck and arms, during the cold months, must be manifest to every one who gives the subject a thought; and who can doubt that many diseases are the direct result of this exposure. The mother thoughtlessly yields to fashion's arbitrary sway, and permits the whole thoracic region of her infant to be exposed to changes, to which she could not submit herself with impunity. And what wonder that the babe has croup and its attendant train? Is it not reasonable to suppose that bronchitis, laryngitis, and phthisis pulmonalis, are frequently but the development of germs sown at this early period? Some mothers seek to amend their folly by keeping the infant carefully wrapped in a blanket; but this is always an objectionable article of dress, not only that it confines the limbs, and prevents their free use and development, but that it is too easily and frequently thrown aside, and the child, perhaps reeking with perspiration, is exposed to atmospheric changes which can scarcely fail to have an injurious effect upon its health.

This is a progressive age, and reformative measures of every kind are agitating the community. The more rational treatment of infants is one which ought to find response in every mother's heart; for many have laid their children in the tomb, the innocent victims of fashion and mismanagement. I hope the time is not far distant when fashion will give place to wisdom and common sense, and mothers will provide their infants with dresses of soft white flannel, made in such a manner as to cover the neck and arms, at least six months in the year, and will think it quite as becoming and lovely to see them dressed comfortable and healthful, as to see their little chests exposed to the vicissitudes of our northern climate, with castor-oil, magnesia, and hive-syrup in perspective.

I have never sympathized with the advocates of "Woman's rights,"

except so far as her educational rights are concerned; but if I can say anything in defence of babies' rights, which will ameliorate their condition, and lessen the amount of infantile mortality, I shall feel that I am contributing something to the progressive reforms of the age.—*Boston Med. and Surg. Journal.*

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[The following details of a case in which tracheotomy was performed for the relief of epilepsy, was read before the College of Physicians of Philadelphia by JOHN NEILL, M. D.]

Operation of Tracheotomy in an Epileptic.—The views of Marshall Hall, which have lately appeared in the English journals upon the subject of epilepsy, have probably fallen under the notice of most of the Fellows of the College.

Every investigation of a malady so distressing, and of which so little has been known of its pathology, must be hailed with pleasure by every practitioner of medicine. Especially will this be so, when so high an authority upon affections of the nervous system advances views not only as to the nature of the disease, but also practical deductions of the highest importance.

Dr. Marshall Hall says: "This question of the application of tracheotomy in the preventive treatment of epileptic convulsion, is one involving high principles in physiology.

"As I have stated, I believe few will hesitate to perform the operation of tracheotomy, as the present remedy, when there is, from apoplectic laryngismus, imminent danger to life. But the question remains—are we justified in performing this operation in cases of epileptic and other convulsions, as a preventive of future evil? Are the somewhat remoter danger to mind, and limb, and life, and the hope that whilst the faculties are spared the patient may be rescued from the susceptibility to the attacks, the *dignus vindice nodus*, a sufficient motive for adopting this measure in its more continuous mode of a tube worn in the trachea. After having witnessed the dire circumstances and effects of the frightful maladies more than any man, of epilepsy especially, I unhesitatingly say, yes! I regard the melancholy condition of the patient as justifying the heroic remedy. The case may be violent and frightful *in any degree.* In what precise case tracheotomy is justifiable I do not pretend to determine. It is a matter of pure *moral* calculation and choice in regard to the terrors of the malady on one hand, and of the remedy on the other. Epilepsy may occur in the slightest form of mere transient oblivion, and it may occur in the gravest form of sudden and violent convulsion, dashing the patient to the ground, into the fire, or into the water, and followed by coma or apoplexy, delirium or mania, paralysis, amentia.

"The former of these attacks may be designated the *epilepsia mitior.* It comprises all that is short of laryngismus, affections of the senses, as muscæ, tinnitus, the odor of musk, aura, vertigo, oblivion, confusion, loss of consciousness, nutatio, falling, various spasmodic affections of the face, the eyes, the extremities.

"Then comes laryngismus, laryngeal dyspnœa, perhaps perfect closure of the larynx, with violent efforts of expiration. This, with all the other links of the dreadful chain, constitute the *epilepsia gravior;* all that is on *this* side of the laryngismus must be unaffected by the operation of tracheotomy; all that is on *that* side of this laryngismus will, I trust and believe, be prevented by its efficient institution. By tracheotomy, the *epilepsia gravior*, or the 'grand mal,' is converted into the *epilepsia mitior*, or the 'petit mal.' If this, my hope, be realized, I shall deem the event a great victory achieved by physiology or theory over mere observation, and especially by that of the diastaltic nervous system, of which it is an application.

"I may now observe, in conclusion, that I have on several occasions stated that, if tracheotomy were performed, and a tube worn in the trachea, the epileptic, the puerperal, or the infantile convulsion would be prevented, with its dire effects."

In accordance with these views I operated upon a patient of Dr. Shelmerdine, in Spring Garden, under whose care he had been for about one year, and who had tried all the ordinary modes of treatment. The following are the particulars of his case:—

John Blume, aged 29, of five feet eleven inches in height, and weight about one hundred and sixty pounds. His appearance was healthy, and he had no deformity of the throat.

His first fit occurred nine years ago, and was not referable to any particular cause by his family. He was not subject to them in childhood, although his brother had died of epilepsy.

The frequency of the paroxysms gradually increased, and for the last year he has been unable to attend to any business.

His mind has been so affected by the disease that he has frequently mistaken his way home, and often gone into the neighbors' houses for his own.

His mother and wife informed me that during the last six months he would have an attack at least every other day, but occasionally would have as many as fifteen or twenty during the day.

Life had become a burden to him, and he feared to leave his home.

His physician tells me that on the first occasion of his being called to him, he was laboring under most severe congestion of the face and neck, producing great lividity and complete insensibility; and that, in all of the subsequent attacks, difficulty of breathing seemed to be prominent.

The patient himself remarked to me that, immediately preceding his attacks, he frequently experienced a sense of constriction about his windpipe; and his friends and family confirmed the idea, that the severity of the attack was proportionate to the difficulty of breathing.

When the operation was proposed, and its nature explained to him, he was anxious for its performance, and had great expectations of its relieving him.

The operation was performed on the 11th of March last, in the presence of Drs. Shelmerdine, Marshall Paul, and Hollingsworth.

His neck was long and well adapted for the operation. The incisions were made in the usual way, and the only points worthy of remark were, that the sterno-hyoid muscles, from frequent spasmodic contractions, were thicker than usual; and that the isthmus of the thyroid gland was so large and broad as to cover the first three rings of the trachea.

The hemorrhage was not so troublesome as might have been expected; care was taken to tie the inferior thyroid vein, and no irregular artery was met with after the trachea was exposed. A piece of about three lines in breadth was removed from the middle of the fourth ring of the trachea, and the fifth ring also was divided in order to accommodate more accurately the tube which had been provided, which was of the ordinary form of the instrument shops.

The introduction of the tube produced but little irritation and coughing, his voice was not in the least affected; but the trachea was smaller than usual, and the wound becoming so very deep after the division, that I had constructed tubes of various angles and length corresponding with the depth of the wound. (Specimens of the tubes were exhibited to the College.)

He slept but little the first few nights after the operation, and seemed unwilling at first to trust himself in a recumbent position; but as the wound healed around the tube he became comfortable, and had nothing like a re-

turn of his complaint until the *thirteenth* day after the operation, which tendency to an attack he attributed to his removal of the tube; he had taken a slight cold, which made the tube disagreeable on that day, and he thought he would risk the night without it. The spasm was slight, and he did not lose his consciousness. About *two weeks* after this he was threatened with an attack of which he was conscious, and mentioned the fact to his mother, who immediately removed a temporary plug which he introduced in the orifice of his tube to prevent a whistling noise accompanying respiratory movements. Upon the removal of the plug the symptoms disappeared, his breathing was comfortable, and he felt much encouraged. He began to appreciate the object of the operation, and fully believed that the means to mitigate the severity of his attacks was the removal of the plug, and that the disease was under his own control.

He made arrangements to renew his business, and walked about the streets in the confidence and consciousness of a strength of mind and purpose which he had not experienced for a long period.

Unfortunately for him, however, he was again seized on the evening of the 2d of May, with symptoms of another attack. His physician was sent for, who removed the tube and cleansed it; after it was replaced the patient felt easier, but was not completely relieved. In the middle of the night he had a most violent attack, and died almost instantaneously. His physician was not with him when he died, and the family would not permit a *post-mortem* examination of any part of his body but his throat. Dr. Shelmerdine merely examined the cicatrix around the wound and the trachea. The parts had consolidated around the tube, and the trachea was perfectly healthy.

I report this case to the College in order that they may form their own judgment upon the theory and the treatment of Marshall Hall. Few cases have as yet been reported where this operation has been performed, and I believe that this is the first case in this country in which the trachea has been opened, and a tube worn, in order to mitigate, if not prevent, attacks of epilepsy.

And, although this patient died, I still think favorably of the operation, and under the same circumstances would perform it again. His death was in no way attributable to the operation, and, had not the operation been performed it might have occurred at a still earlier period. I regard the mitigation of the attacks with which he was once threatened, and moderation of the symptoms, as more satisfactory than if there had been no approach of an attack, for then the entire absence of the complaint might have been attributed to the shock made upon the system by the operation; and this operation would have demonstrated nothing more than tying the carotid artery, after which, and other violent shocks, patients have been free from attacks for a long period.—*Transactions of Coll. of Physicians of Phila.*

On the Bite of the Rattlesnake. By S. W. Woodhouse, M. D.—I received a letter from my friend Lieut. J. C. Woodruff, in which he said that you would like to receive an account of the bite of the rattlesnake, and its treatment. The only case that has fallen under my observation was unfortunately that of myself; this occurred whilst encamped at the Indian Pueblo of Zani, N. Mexico.

The following is the extract from my journal:—

Wednesday, Sept. 17, 1851. This morning, Lieut. J. F. Parke, Top'l Engineers, U. S. Army, and I, were walking out to procure some specimens of birds, and when about two miles from the Pueblo, I came within a few inches of treading upon a rattlesnake, who immediately coiled himself up and got ready to strike; jumping back, I drew out my ramrod and struck

him over the back with sufficient force to break it. Being a fine specimen, I wished to preserve it without further injury, when, placing my gun upon its head, and seizing it, as I thought, immediately back of the head, I picked him up, but unfortunately I had too long a hold, when he threw round his head and buried his fang in the side of the index finger of my left hand, about the middle of the first phalanx. The pain was intense, momentarily producing, as it were, a severe shock, and accompanied with much nausea. I immediately commenced sucking the wound, and at the same time got Lieut. Parke to apply a ligature round the finger to prevent the too rapid absorption of the poison. I then scarified it freely and continued sucking until I returned to camp.

A man that was with us at the time I sent immediately back to get some aqua ammonia fort., and meet us on the road, which he did when we were about three-fourths of a mile from the town. I applied it immediately to the wound. Mr. Kern, hearing what had happened, returned with him, and he wished me to try, as he said, the *Western Remedy*, that is to say, get drunk. This I had often heard of, and I was determined to try its efficacy. He was supplied with a bottle of whiskey, which I immediately commenced drinking: by the time I arrived at the Pueblo I had drank half a pint. Already the glands in my axilla were getting sore and painful. Took some ammonia internally, scarified my finger freely, and held it in a basin of warm water, which caused it to bleed freely. Then commenced drinking *brandy*, at the same time held my finger in a cup of ammonia. It took one quart of fourth proof brandy and half a pint of whiskey (enough to have killed a man under ordinary circumstances) to produce intoxication, which only lasted about four hours. During my intoxication I vomited freely: soon after my recovery from this state I removed the ligature and applied a large poultice of pulv. sem. lini. That afternoon I took ammonia internally, and some pills composed of mass hydrarg. et colocynth comp., to act as a cathartic. In the evening the pain in the axilla and finger was very severe: took pulv. Doveri grs. x.

Thursday, 18*th*. I passed a restless night, without sleep, although during the night I took at least pulv. opii grs. iv. This morning the pain in my finger is intense, and a well-marked line of inflammation extends along the arm to the axilla. I had the entire arm and hand painted with tinct. iodine, and the flaxseed poultice renewed, commenced taking a solution of potassii iodidi as an alterative. The pills not having operated, I took pulv. Seidlitz, which had the desired effect. Diet, boiled rice. Several times to-day I tried to walk across the room, but each time would be seized with nausea, and commenced vomiting. Took at bedtime pulv. Doveri grs. x.

Friday, 19*th*. I rested pretty well last night, but this morning my hand, arm, and the glands in the axilla are much swollen and very painful.

Repeated tinct. iodine. Diet, boiled farina. Took, on retiring, pulv. Doveri grs. x.

Saturday, 20*th*. Passed a tolerable night, but my back is getting very sore, as the blankets on the stone floor make rather a hard bed. This morning the pain is very great, and the swelling down my left side as far as my hip. Renewed tinct. iodine. I am still attacked with nausea and vomiting on my attempting to walk.

I removed the skin from off my finger, and it discharged freely a watery sanguineous fluid without smell. The nail is becoming loose. The broad red line following the course of the lymphatic, is now filled with a yellowish serum. The point where the fang entered, for three-eighths of an inch in diameter, is of a dark-brown color. Renewed the poultice. At bedtime took mass hydrarg. grs. v.; pulv. Doveri grs. x. Continued potassii iodidi. Diet the same.

Sunday, 21*st*. Passed a restless night, being much troubled with colic; took magnesia calc. et spts. menth. pip., which relieved me, and not having my bowels open took pulv. Seidlitz, which had the desired effect. Hand much swollen and filled with serum. Diet as usual.

Monday, 22*d*. Passed a comfortable night. The swelling has left my side and arm, but little remains in the hand. I can now walk a few yards without being seized with nausea; have been sitting up the most of the day. Continued potassii iodidi. Diet, mutton broth and farina.

Tuesday, 23*d*. I awoke this morning much improved, the swelling and pain having left, with the exception of the finger, the first and second joint of which does not present a healthy appearance, the palmar surface having the appearance of gangrene, but the discharge is thin and watery, without smell. The granulations do not present a healthy appearance, they are rough, and many of them look as if they were sprinkled with yellow ochre. The nail is quite loose. Continued potassii iodidi. Diet, mutton broth, with a little of the meat.

Wednesday, 24*th*. This day we commenced our march. I placed my hand in a sling and mounted my mule: found myself rather weak, and the mule hard to manage with but one hand: the sun was rather hot: this, with the jolting of the animal, caused me to suffer considerable pain; fortunately for me, after going six miles, we encamped. I removed the nail. From this time on the finger gradually improved. I continued renewing the poultice daily until the last of October. In the mean time there was a large slough, which gradually came away and left the last phalanx exposed in two places. The granulations required occasionally the application of nitrate of silver. After this I made use of dressings of cer. simplex. Continued carrying my hand in a sling until the middle of November. A new nail commenced growing, and a sinus remained open in the end of the finger; upon the introduction of the probe into the latter, the bone could be felt quite rough. A discharge from this kept up until about the 7th of February, when I removed the exfoliation of the end of the phalanx, showing evidently that the fang had entered the periosteum. Soon after this the sinus closed, leaving the finger in a deformed state, anchylosis having taken place in the first joint. The circulation is very imperfect, one of the arteries being destroyed, which renders it very susceptible of cold. The insertion of the flexor muscle has also been destroyed.

I have heard of a number of instances of rattlesnake bites, in all of which the patients recovered if they succeeded in producing intoxication.

Dr. Fischer C. Smith, of this city, accompanied Capt. French, A. Q. M. U. S. Army, to El Paso last year, and on their return one of the teamsters was bitten by a rattlesnake; he gave him nothing but whiskey, and in three days after he was driving his team. In this case it took three pints of whiskey to produce intoxication.

Should this brief extract be of any service to you it is at your disposal.

Buffalo Medical Journal.

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